


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90011 004 ****61.25

DOCUMENT # N06000008786			
1. Entity Name VIRGINIA ROEDER WENGER FOUNDATION, INC.			
Principal Place of Business 3626 SWANS LANDING LAND O'LAKES, FL 34639		Mailing Address C/O TEMPLE H. DRUMMOND, ESQ 328 WEST BEARSS AVE. STE A TAMPA, FL 33613	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o Temple H. Drummond, Esq. Suite, Apt. #, etc. 6987 East Fowler Avenue	
Suite, Apt. #, etc.		City & State Tampa, Florida	
City & State		4. FEI Number 20-5453028	
Zip		Country USA	
Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DRUMMOND, TEMPLE H ESQ 328 WEST BEARSS AVE STE A TAMPA, FL 33613		Name Temple H. Drummond, Esq.	
		Street Address (P.O. Box Number is Not Acceptable) Drummond Wehle & Ross LLP	
		City Tampa	
		State FL	
		Zip Code 33617	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Temple H. Drummond</u> Temple H. Drummond, Esq. DATE			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ROEDER, EDWARD F <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROEDER, EDWARD F	NAME	
STREET ADDRESS	2703 HEATHERWOOD ROAD	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33618	CITY-ST-ZIP	
TITLE	D ROEDER, CHRISTINA <input type="checkbox"/> Delete	TITLE	ROEDER, CHRISTINA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROEDER, CHRISTINA	NAME	
STREET ADDRESS	3265 BERRYFIELD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	HARRISONBURG, VA 22801	CITY-ST-ZIP	
TITLE	D KERN, ANNE R <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERN, ANNE R	NAME	
STREET ADDRESS	2804 CHIMNEY HILL ROAD	STREET ADDRESS	
CITY-ST-ZIP	EDMOND, OK 73034	CITY-ST-ZIP	
TITLE	D VAUGHAN, MARY R <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHAN, MARY R	NAME	
STREET ADDRESS	1807 THORTON RIDGE ROAD	STREET ADDRESS	
CITY-ST-ZIP	TOWSON, MD 21204	CITY-ST-ZIP	
TITLE	D TUIFUA, JESSICA R <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUIFUA, JESSICA R	NAME	
STREET ADDRESS	73-4269 MAMALAOA HWY	STREET ADDRESS	
CITY-ST-ZIP	KAILU-KONA, HI 96740	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Edward F. Roeder</u>		Date: 2-20-08 813 963-7197	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	