

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33285

FILED
Feb 07, 2008
Secretary of State

Entity Name: WEKIWA WILDERNESS TRUST, INC.

Current Principal Place of Business:

1800 WEKIWA CIR
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

1800 WEKIWA CIR
APOPKA, FL 32712

New Mailing Address:

FEI Number: 59-2971659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWING, TIM
902 N WESTMORELAND DRIVE
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

COHEN, GARY
516 BISON CIRCLE
APOPKA, FL 32712 US

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.

SIGNATURE: GARY COHEN

02/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PHILPOT, DON
Address: 2105 FALKNER ROAD
City-St-Zip: MAITLAND, FL 32714

Title: DV () Delete
Name: LAWING, TIM
Address: 902 WEST MORELAND DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: TD () Delete
Name: COHEN, GARY
Address: 516 BISON CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: SD () Delete
Name: ASHBY, RICHARD
Address: 610 FOX VALLEY DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Delete
Name: POOLE, RICHARD
Address: 150 ESSEX DRIVE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RODIS, HARRY
Address: 105 HICKORY DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON PHILPOTT

PD

02/07/2008

Electronic Signature of Signing Officer or Director

Date