

## 0071383

The Seal of the State of Florida is a circular emblem. It features a central scene with a palm tree, a sun, and a body of water. The words "GREAT SEAL OF THE STATE OF FLORIDA" are inscribed around the top, and "IN GOD WE TRUST" is at the bottom.

**WEKIVA WILDERNESS TRUST, INC.**

03 FEB 25 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1800 WEKIWA CIR  
APOPKA FL 32712

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Not Applicable

☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

**9. Election Campaign Financing Trust Fund Contribution.**

**\$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	PD	<input type="checkbox"/> Delete
NAME	BOEHMER, DAVE	
STREET ADDRESS	301 BLYTH CT	
CITY - ST - ZIP	LONGWOOD FL 32779	

TITLE	DV	<input type="checkbox"/> Delete
NAME	LAWING, TIM	
STREET ADDRESS	1430 NOTTINGHAM STREET	
CITY-ST-ZIP	ORLANDO FL 32803	

TITLE	SD	<input type="checkbox"/> Delete
NAME	FREYER, MARY-ANNE	
STREET ADDRESS	3016 RIVERSIDE RD	
CITY - ST - ZIP	ORLANDO FL 32810	

TITLE	DT	<input type="checkbox"/> Delete
NAME	POOLE, RICHARD	
STREET ADDRESS	1435 OAK PLACE	
CITY - ST - ZIP	APOPKA FL 32712	

TITLE	D	<input type="checkbox"/> Delete
NAME	TUFTS, T. SCOTT	
STREET ADDRESS	1800 WEKIWA CIR	
CITY - ST - ZIP	APOPKA FL 32712	

TITLE	D	<input type="checkbox"/> Delete
NAME	FILLYAW, JOHN	
STREET ADDRESS	1800 WEKIWA CIR	
CITY-ST-ZIP	APOPKA FL 32712	


TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Poole, Richard		
STREET ADDRESS	150 Essex Dr		
CITY-ST-ZIP	Longwood, FL 32779		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

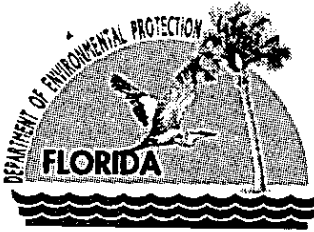
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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: John Fillyaw John Fillyaw

01/06/02

407/884-2006

CR2E037 (10/02)



Jeb Bush  
Governor

# Department of Environmental Protection

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000

David B. Struhs  
Secretary

February 20, 2003

Mr. Sean Toner  
Division of Corporations  
Florida Department of State  
409 East Gaines Street  
Tallahassee, Florida 32399

Dear Mr. Toner,

This letter is to certify to you that Wekiva Wilderness Trust, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122, this filing is exempt from any fee's when certified by this department.

After filing, please return certified documents to Phillip Werndli at the above address, MS 535. If further information is needed feel free to call him at 245-3098.

Warmest regards,

Wendy Spencer, Director  
Florida Park Service

WS/pwb

Attachments