

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90331 009 ****61.25

DOCUMENT # N99000007073

1. Entity Name

STETSON WESLEY FOUNDATION, INC.

Principal Place of Business

Mailing Address

**520 N. WOODLAND BOULEVARD
 DELAND FL 32720**

**520 N. WOODLAND BOULEVARD
 DELAND FL 32720**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1225389

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CURRY, WAYNE E
 303 E. KENTUCKY AVENUE
 DELAND FL 32724**

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.

SIGNATURE

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **GUILES, CYNTHIA M**
 STREET ADDRESS **406 SOFT SHADOW LANE**
 CITY-ST-ZIP **DEBARY FL 32713**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Melissa Delker**
 STREET ADDRESS **3021 Blaine Circle**
 CITY-ST-ZIP **Deltona, FL 32738**

TITLE **PD** ☒ Delete
 NAME **REA, MIKE**
 STREET ADDRESS **734 EDGEWILD CT**
 CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE **VD** ☐ Change ☒ Addition
 NAME **William Ottinger**
 STREET ADDRESS **1118 Rosetta Dr.**
 CITY-ST-ZIP **Deltona, FL 32725**

TITLE **VD** ☒ Delete
 NAME **KELLEY, JANET**
 STREET ADDRESS **408 BLACK OAK LANE**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Marlene Wright**
 STREET ADDRESS **1399 Azora Dr.**
 CITY-ST-ZIP **Deltona, FL 32725**

TITLE **SD** ☒ Delete
 NAME **DELKER, MELISSA**
 STREET ADDRESS **3021 BLAIRE CIRCLE**
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **GRELLE, BARBARA**
 STREET ADDRESS **17 DOLPHIN AVE**
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Cynthia M. Guiles
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 (386) 34-4564

Date

Daytime Phone #

CR2E037 (9/01)