## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000003029

FILED Apr 25, 2006 Secretary of State

Entity Name: THE SCOTT A. WILKERSON FAMILY FOUNDATION, INC.

Current Princip	oal Place of Business:	New Princi	pal Place of Business:

625 COURT ST.

CLEARWATER, FL 33756

Current Mailing Address: New Mailing Address:

625 COURT ST.

CLEARWATER, FL 33756

FEI Number: 13-7103538 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARQUARDT, EMIL C JR. 625 COURT ST.

CLEARWATER, FL 33756 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:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: WILKERSON, LINDA
Address: 128 BUENA VISTA DR.
City-St-Zip: DUNEDIN, FL 34698

Title: CT () Delete
Name: WILKERSON, SCOTT

Address: VVILKERSON, SCOTT
Address: 128 BUENA VISTA DR.
City-St-Zip: DUNEDIN, FL 34698

Title: ST ( ) Delete Name: DALHAUSER, HELEN

Address: 1915 5TH STREET N.
City-St-Zip: ST. PETERSBURG, FL 33704

Title: PT (X) Change ( ) Addition

Name: WILKERSON, LINDA
Address: 2964 FAGLE ESTATES CIR

Address: 2964 EAGLE ESTATES CIR. E. City-St-Zip: CLEARWATER, FL 33761

Title: CT (X) Change ( ) Addition

Name: WILKERSON, SCOTT
Address: 2964 EAGLE ESTATES CIR. E.
City-St-Zip: CLEARWATER, FL 33761

Title: ( ) Change ( ) Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT WILKERSON CT 04/25/2006