

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005628

**FILED**  
**Jan 28, 2012**  
**Secretary of State**

**Entity Name:** WANDA WILSON FOUNDATION INCORPORATED

**Current Principal Place of Business:**

703 VISTA CIR.  
PORT ORANGE, FL 321270906

**New Principal Place of Business:**

**Current Mailing Address:**

703 VISTA CIR.  
PORT ORANGE, FL 321270906

**New Mailing Address:**

**FEI Number:** 94-3443954

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILSON, RUFUS  
703 VISTA CIR.  
PORT ORANGE, FL 321270906 US

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

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:**

**Title:** PD  
**Name:** WILSON, RUFUS  
**Address:** 703 VISTA CIR.  
**City-St-Zip:** PORT ORANGE, FL 321270906

**Title:** VD  
**Name:** WILSON, ANDREA M  
**Address:** 2724 HOLLYBERRY DR.  
**City-St-Zip:** ELLENWOOD, GA 30294

**Title:** SD  
**Name:** WILSON, JANICE  
**Address:** 703 VISTA CIR.  
**City-St-Zip:** PORT ORANGE, FL 32127

**Title:** TD  
**Name:** LUNSFORD, KATRINA L  
**Address:** 3733 PAULA CT.  
**City-St-Zip:** LAKE LAND, FL 33812

I hereby 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 all other like empowered.

**SIGNATURE:** KATRINA L. LUNSFORD

TD

01/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date