

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002131

Entity Name: CECF WISH FOUNDATION, INC.**Current Principal Place of Business:**506 CELEBRATION AVE
CELEBRATION, FL 34747**Current Mailing Address:**506 CELEBRATION AVE
CELEBRATION, FL 34747 US**FEI Number:** 20-4373682**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CELEBRATION LAW, PA
506 CELEBRATION AVE
CELEBRATION, FL 34747 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:** JEFF IPPOLITI, MGMR

04/26/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIR
Name IPPOLITI, JEFFREY M
Address 723 EASTLAWN DRIVE
City-State-Zip: CELEBRATION FL 33747

Title DIR
Name JOHNSON, BILL
Address 1545 GRASSY RIDGE
City-State-Zip: APOPKA FL 32712

Title DIR
Name CRAWFORD, MICHAEL
Address 617 CELEBRATION AVE
City-State-Zip: CELEBRATION FL 34747

Title DIR
Name IPPOLITI, JAMES
Address 928 SPRING PARK LOOP
City-State-Zip: CELEBRATION FL 34747

Title DIR
Name WILDSTEIN, ALAN
Address 404 US 27
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name ALLEN, TONY
Address 2214 YORVILLE COURT
City-State-Zip: OCOEE FL 34761

Title DIRECTOR
Name TERRICO, MATT
Address 4210 PECAN LANE
City-State-Zip: ORLANDO FL 32812

Title DIRECTOR
Name KRASNOFF, MURRAY
Address 1211 FAULKNER CT
APR 201
City-State-Zip: CELEBRATION FL 34747

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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: JEFFREY IPPOLITI**DIRECTOR**

04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name POLINER, ARIELLE
Address 911 NORTH ORANGE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name DART, ARIANE
Address 506 CELEBRATION AVE
City-State-Zip: CELEBRATION FL 34747