

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000009867

**Entity Name:** WOHLBER FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

17 WEST ST LUCIA LANE  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

17 WEST ST LUCIA LANE  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:** 26-1200870

**Certificate of Status Desired:** No

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

WOHLBER, ROBERT M  
17 WEST ST LUCIA LANE  
SANTA ROSA BEACH, FL 32459 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

**Officer/Director Detail :**

Title CPTD  
Name WOHLBER, ROBERT M  
Address 17 WEST ST LUCIA LANE  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title VSD  
Name WOHLBER, JEAN LINDA  
Address 17 WEST ST LUCIA LANE  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title D  
Name YOES, TAYLOR E  
Address FIRESTONE DR  
City-State-Zip: BENTONVILLE AR 72712

Title D  
Name WOHLBER, ROBIN M  
Address JUNIPER RD  
City-State-Zip: COVINGTON LA 70433

*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:** ROBERT WOHLBER

**MANAGING DIRECTOR**

**02/28/2023**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date