

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000007426

**Entity Name:** THE IDLEWILD FOUNDATION, INC.

**Current Principal Place of Business:**

18333 EXCITING IDLEWILD BLVD  
LUTZ, FL 33548

**Current Mailing Address:**

P.O. BOX 1757  
LUTZ, FL 33548 US

**FEI Number: 26-3267484**

**Certificate of Status Desired: No**

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

CAMPBELL, JOHN W  
18333 EXCITING IDLEWILD BLVD  
LUTZ, FL 33548 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: JOHN W. CAMPBELL**

**02/06/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name DEAROLF, PIETER J  
Address P.O. BOX 1757  
City-State-Zip: LUTZ FL 33548

Title EXECUTIVE DIRECTOR  
Name CAMPBELL, JOHN W  
Address P.O. BOX 1757  
City-State-Zip: LUTZ FL 33548

Title VC  
Name OHMAN, JOEL  
Address P. O. BOX 1757  
City-State-Zip: LUTZ FL 33548

Title SEC  
Name HINES, JAMES  
Address P.O. BOX 1757  
City-State-Zip: LUTZ FL 33548

Title TREA  
Name SMITH, BYRON C  
Address P.O. BOX 1757  
City-State-Zip: LUTZ FL 33548

*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: JOHN CAMPBELL**

**EXECUTIVE DIRECTOR**

**02/06/2019**

Electronic Signature of Signing Officer/Director Detail

Date