

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005628

**FILED**  
**May 01, 2015**  
**Secretary of State**  
**CC7235403572**

**Entity Name:** WANDA WILSON FOUNDATION INCORPORATED

**Current Principal Place of Business:**

703 VISTA CIR.  
PORT ORANGE, FL 32127-0906

**Current Mailing Address:**

703 VISTA CIR.  
PORT ORANGE, FL 32127-0906

**FEI Number: 94-3443954**

**Certificate of Status Desired: No**

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

DUPONT FINANCIAL SERVICES INC.  
927 BEVILLE ROAD  
101  
SOUTH DAYTONA , FL 32119 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: MARIO DAVIS**

**05/01/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WILSON, RUFUS SR.  
Address        703 VISTA CIR.  
City-State-Zip: PORT ORANGE FL 32127-0906

Title            VP  
Name            WILSON, ANDREA M  
Address        2724 HOLLYBERRY DR.  
City-State-Zip: ELLENWOOD GA 30294

Title            SD  
Name            WILSON, SERENA  
Address        11135 NW 31ST ROAD  
City-State-Zip: GAINESVILLE FL 32606

Title            TREASURER  
Name            LUNSFORD, KATRINA L  
Address        3733 PAULA CT.  
City-State-Zip: LAKELAND FL 33812

Title            DIRECTOR  
Name            WINGATE, DARRYL V JR.  
Address        703 VISTA VIEW CIRCLE  
City-State-Zip: PORT ORANGE FL 32127

Title            DIRECTOR  
Name            REED, PAULA  
Address        861 MAGNOLA AVENUE  
City-State-Zip: DAYTONA BEACH FL 32114

Title            DIRECTOR  
Name            THOMPSON , LYNN  
Address        18 FERN MEADOWS LANE  
City-State-Zip: ORMOND BEACH FL 32174

Title            DIRECTOR  
Name            WILLIAMS , PIPER  
Address        3739 HUGH STREET  
City-State-Zip: PORT ORANGE FL 32129

**Continues on page 2**

*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: RUFUS WILSON SR**

**PRESIDENT**

**05/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           WILLIAMSON, CARMEN  
Address        P.O. BOX 102233  
City-State-Zip: DAYTONA BEACH FL 32120

Title           DIRECTOR  
Name           WILSON , RUFUS JR.  
Address        7778 ROCK ROSE LANE  
City-State-Zip: FAIRBURN GA 30213