

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005628

FILED
Feb 13, 2020
Secretary of State
5963006288CC

Entity Name: WANDA AND JANICE 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: Yes

Name and Address of Current Registered Agent:

LUNSFORD, KATRINA
3733 PAULA CT
LAKELAND, FL 33812 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: KATRINA LUNSFORD

02/13/2020

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-LAMAR, SERENA
Address 11135 NW 31ST
City-State-Zip: GAINSVILLE FL 32606

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

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

Title SECRETARY
Name WILSON, DEMITRA
Address 2023 JAMES RIVER LANE
City-State-Zip: SUWANEE GA 30024

Title DIRECTOR
Name WRIGHT, IDA
Address 616 CASSIN AVENUE
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name JAMES , KEVIN
Address 31 LONDONDERY DR
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR
Name WILSON, TROY
Address 2023 JAMES RIVER LANE
City-State-Zip: SUWANEE GA 30024

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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: KATRINA LUNSFORD

TREASURER

02/13/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name DAVIS, WAYNE
Address 1020 NW 163 DR
City-State-Zip: MIAMI GARDENS FL 33169

Title DIRECTOR
Name FISHER-WILLIAMS, NAN
Address 703 VISTA CIR.
City-State-Zip: PORT ORANGE FL 32127-0906

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