

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

DOCUMENT# N09000005628

**FILED**  
**Apr 29, 2019**  
**Secretary of State**  
**9739003065CC**

**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:**

PINNACLE SIGNATURE GROUP 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: PHEBE FUQUA**

**04/29/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title EXECUTIVE DIRECTOR  
Name LUNS福德, KATRINA L  
Address 3733 PAULA CT.  
City-State-Zip: LAKELAND FL 33812

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

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

Title DIRECTOR  
Name WRIGHT , IDA  
Address 703 VISTA CIR.  
City-State-Zip: PORT ORANGE FL 32127-0906

Title TREASURER  
Name DAVIS , MARIO  
Address 703 VISTA CIR.  
City-State-Zip: PORT ORANGE FL 32127-0906

Title DIRECTOR  
Name JAMES , KEVIN  
Address 703 VISTA CIR.  
City-State-Zip: PORT ORANGE FL 32127-0906

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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: WILSON , RUFUS , SR.**

**CEO**

**04/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WALKER-BLAND, CYNTHIA  
Address 703 VISTA CIR.  
City-State-Zip: PORT ORANGE FL 32127-0906

Title D  
Name SANDERS-JAMES , CAROLINE  
Address 703 VISTA CIR.  
City-State-Zip: PORT ORANGE FL 32127-0906

Title EXECUTIVE SECRETARY  
Name EASTLAKE , LINDA  
Address 703 VISTA CIR.  
City-State-Zip: PORT ORANGE FL 32127-0906