

2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09000005628

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 COURT CIRCLE
PORT ORANGE, FL 32127 US

FEI Number: 94-3443954

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, RUFUS
703 VISTA COURT CIRCLE
PORT ORANGE, FL 32127 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: RUFUS WILSON

01/05/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR
Name WILSON, TROY
Address 220 CAMDEN CREEK CIRCLE
City-State-Zip: LAWRENCEVILLE GA 30043

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

Title DIRECTOR
Name FISHER-WILLIAMS, NAN
Address 241 RIVERSIDE DR
 UNIT 810
City-State-Zip: HOLLY HILL FL 32117

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

Title DIRECTOR
Name GLENN, JASON
Address 3532 SONESTA COURT
City-State-Zip: NEW SMYRNA BEACH FL 32168

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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: RUFUS WILSON

PRESIDENT

01/05/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WILSON, RUDY
Address 6509 BEAVER CREEK TRAIL
City-State-Zip: ATLANTA GA 30349

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