

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005628

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

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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 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