

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

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 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