

2019 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:**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 LUNSFORD, 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 EXECUTIVE SECRETARY
Name EASTLAKE , LINDA
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