2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N09000005628

FILED
Apr 06, 2020
Secretary of State
7733026064CC

Entity Name: WANDA AND JANICE WILSON FOUNDATION INCORPORATED

Current Principal Place of Business:

703 VISTA CIR.
PORT ORANGE, FL 32127-0906

Current Mailing Address:

927 BEVILLE ROAD
SUITE 109
SOUTH DAYTONA , FL 32119 US

FEI Number: 94-3443954

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PINNACLE SIGNATURE GROUP, INC.
927 BEVILLE ROAD
SUITE 109
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 04/06/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	VP
Name	WILSON, RUFUS SR.	Name	WILSON-LAMAR, SERENA
Address	703 VISTA CIR.	Address	11135 NW 31ST
City-State-Zip:	PORT ORANGE FL 32127-0906	City-State-Zip:	GAINSVILLE FL 32606
Title	VP	Title	TREASURER
Name	WILSON, RUFUS JR.	Name	DAVIS , MARIO
Address	7778 ROCK ROSE LANE	Address	927 BEVILLE ROAD SUITE 109
City-State-Zip:	FAIRBURN GA 30213	City-State-Zip:	SOUTH DAYTONA FL 32119
Title	SECRETARY	Title	DIRECTOR
Name	WILSON, DEMITRA	Name	JAMES , KEVIN
Address	2023 JAMES RIVER LANE	Address	31 LONDONDERY DR
City-State-Zip:	SUWANEE GA 30024	City-State-Zip:	PALM COAST FL 32137
Title	DIRECTOR	Title	DIRECTOR
Name	WILSON, TROY	Name	WILLIAMS, PIPER
Address	2023 JAMES RIVER LANE	Address	3739 HUGH STREET
City-State-Zip:	SUWANEE GA 30024	City-State-Zip:	PORT ORANGE FL 32129

Continues on page 2

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. PRESIDENT 04/06/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	FISHER-WILLIAMS, NAN
Address	703 VISTA CIR.
City-State-Zip:	PORT ORANGE FL 32127-0906

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