

2021 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:**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

04/28/2021

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 DAVIS , MARIO
Address 927 BEVILLE ROAD
SUITE 109
City-State-Zip: SOUTH DAYTONA FL 32119

Title SECRETARY
Name WILSON, DEMITRA
Address 2023 JAMES RIVER LANE
City-State-Zip: SUWANEE GA 30024

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

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: WILSON , RUFUS , SR.

PRESIDENT

04/28/2021

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

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