

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000000546

Entity Name: CARTER T WIGGINS FOUNDATION INC**Current Principal Place of Business:**12955 BISCAYNE BLVD
STE 204
NORTH MIAMI, FL 33181-2021**Current Mailing Address:**12955 BISCAYNE BLVD
STE 204
NORTH MIAMI, FL 33181-2021 US**FEI Number:** 83-2987468**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WIGGINS, CARTER
12955 BISCAYNE BLVD
STE 204
NORTH MIAMI, FL 33181 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:** CARTER WIGGINS

04/24/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name WIGGINS, CARTER
Address 12955 BISCAYNE BLVD
STE 204
City-State-Zip: NORTH MIAMI FL 33181-2021

Title TR
Name WHEELER, GUY
Address 12955 BISCAYNE BLVD
STE 204
City-State-Zip: NORTH MIAMI FL 33181-2021

Title OFF
Name VASSORT, JOANNA
Address 12955 BISCAYNE BLVD
STE 204
City-State-Zip: NORTH MIAMI FL 33181-2021

Title VP
Name FARMER, WILLIAM
Address 3459 HYDE PARK WAY
City-State-Zip: TALLAHASSEE FL 32308

Title SECR
Name BOTHWELL, STACEY
Address 12955 BISCAYNE BLVD
STE 204
City-State-Zip: NORTH MIAMI FL 33181-2021

Title OFF
Name EASON, VELMA
Address 12955 BISCAYNE BLVD
STE 204
City-State-Zip: NORTH MIAMI FL 33181-2021

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: CARTER T WIGGINS

PRESIDENT

04/24/2023

Electronic Signature of Signing Officer/Director Detail

Date