

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

DOCUMENT# N19000009467

**Entity Name:** SALLY WILKEY FOUNDATION, INC.

**Current Principal Place of Business:**

1603 BASELINE LANE  
VERO BEACH, FL 32967

**Current Mailing Address:**

1603 BASELINE LN  
VERO BEACH, FL 32967 US

**FEI Number:** 84-3040148

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILKEY, JANE  
1603 BASELINE LN  
VERO BEACH, FL 32967 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WILKEY, JANE  
Address        1603 BASELINE LANE  
City-State-Zip: VERO BEACH FL 32967

Title            MEMBER  
Name            MORROW, CHANCE  
Address        1603 BASELINE LANE  
City-State-Zip: VERO BEACH FL 32967

Title            MEMBER  
Name            VAN NOSTRAND, KINGDON  
Address        1603 BASELINE LANE  
City-State-Zip: VERO BEACH FL 32967

Title            MEMBER  
Name            VAN NOSTRAND, YVONNE  
Address        1603 BASELINE LANE  
City-State-Zip: VERO BEACH FL 32967

Title            SECRETARY  
Name            MARCELLE, ANNIE  
Address        1603 BASELINE LANE  
City-State-Zip: VERO BEACH FL 32967

Title            MEMBER  
Name            WILKEY, TONY JR.  
Address        1603 BASELINE LANE  
City-State-Zip: VERO BEACH FL 32967

Title            MEMBER  
Name            WILKEY, OLIVER  
Address        1603 BASELINE LANE  
City-State-Zip: VERO BEACH FL 32967

Title            TREASURER  
Name            RICE, MOLLY VAN NOSTRAND  
Address        1603 BASELINE LANE  
City-State-Zip: VERO BEACH FL 32967

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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:** JANE WILKEY

**PRESIDENT**

**06/07/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title MEMBER  
Name WILKEY, MAXWELL  
Address 1603 BASELINE LANE  
City-State-Zip: VERO BEACH FL 32967