

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000001263

**Entity Name:** SHARON WILES FOUNDATION INC.

**Current Principal Place of Business:**

7505 NW 47THE DR  
106  
MARGATE, FL 33063

**Current Mailing Address:**

7505 NW 47THE DR  
106  
MARGATE, FL 33063 US

**FEI Number:** 86-3445331

**Certificate of Status Desired:** No

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

WILES, SHARON A  
7505 NW 47THE DR UNIT 106  
MARGATE, FL 33063 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 P  
Name WILES, SHARON A  
Address 8666 NW 47TH DRIVE  
City-State-Zip: TAMARAC FL 33309

Title VP  
Name WHITTAKER , CRAIGH R  
Address 7505 NW 47THE DR UNIT 106  
City-State-Zip: MARGATE FL 33063

Title TR  
Name BELL, SONIA  
Address 2286 NW 52 CT.  
City-State-Zip: TAMARAC FL 33309

Title SEC  
Name TAYLOR, SANDRA G  
Address 3920 NW 36AVE  
City-State-Zip: LAUDERDALE LAKES FL 33309

*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:** SHARON WILES

**PRESIDENT**

**04/03/2024**

Electronic Signature of Signing Officer/Director Detail

Date