## 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. 01/04/2023

SIGNATURE: DON R PHILPOTT

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

Name KIDWELL, TIM Address 837 S. MEANDER DR. City-State-Zip: ALTAMONTE SPRINGS FL 32714 VP Title Name LAFRENIERE, DEBORAH 989 BEARDED OAKS TERRACE Address City-State-Zip: LONGWOOOD FL 32779

SECRETARY

# Certificate of Status Desired: No

The State of Florida.

Title

FEI Number: 59-297 1659	Certificate of Stati
Name and Address of Current Registered Agent:	
PHILPOTT, DON R 3999 OAKINGTON PL LONGWOOOD, FL 32779 US	
The above named entity submits this statement for the purpose of changing its registered office or regis	stered agent, or both, in the S
SIGNATURE: DON PHILPOTT	

## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N33285

Entity Name: WEKIVA WILDERNESS TRUST, INC.

# **Current Principal Place of Business:**

1800 WEKIWA CIR APOPKA, FL 32712

### **Current Mailing Address:**

1800 WEKIWA CIR APOPKA, FL 32712 US

# FEI Number: 59-2971659

### Na

Electronic Signature of Registered Agent

**Officer/Director Detail :** 

PD

PHILPOTT, DON R

TREASURER SHARMA, VIJAY

101 LISA LOOP

3999 OAKINGTON PL

LONGWOOOD FL 32779

WINTER SPRINGS FL 32712

Title

Title

Name

Address

Name

Address

City-State-Zip:

City-State-Zip:

FILED Jan 04, 2023 Secretary of State 9563300928CC

> 01/04/2023 Date

> > Date