

2019 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**FEI Number:** 59-2971659**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LAFRENIERE, DEBORAH
989 BEARDED OAKS TERR
LONGWOOD, FL 32779 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:** DEBORAH LAFRENIERE

02/07/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	LAFRENIERE, DEBORAH
Address	989 BEARDED OAKS TERR
City-State-Zip:	LONGWOOD FL 32779

Title	VP
Name	SWARDZ, LEESA
Address	42350 PINE VALLY DR
City-State-Zip:	PAISLEY FL 32767

Title	SECRETARY
Name	PHILPOT, DON
Address	3999 OAKINGTON PLACE
City-State-Zip:	LONGWOOD FL 32779

Title	TREASURER
Name	MOMBERGER, JON
Address	918 GOLF VALLY DR.
City-State-Zip:	APOPKA FL 32712

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: DEBORAH LAFRENIERE**PRESIDENT**

02/07/2019

Electronic Signature of Signing Officer/Director Detail

Date