

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000002199

**Entity Name:** THE WFG FOUNDATION, INC.

**Current Principal Place of Business:**

11315 JOHNS CREEK PARKWAY  
JOHNS CREEK, GA 30097

**Current Mailing Address:**

11315 JOHNS CREEK PARKWAY  
JOHNS CREEK, GA 30097

**FEI Number: 82-0557271**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**FILED**  
**Apr 26, 2023**  
**Secretary of State**  
**0213654303CC**

*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           DIRECTOR  
Name           MYLETT, EDWARD  
Address        11315 JOHNS CREEK PARKWAY  
City-State-Zip: JOHNS CREEK GA 30097

Title           DIRECTOR  
Name           NGUYEN, XUAN T  
Address        2099 GOLD STREET, SUITE 100  
City-State-Zip: ALVISO CA 95002

Title           DIRECTOR  
Name           OOI, PENNEY N  
Address        7031 KOLL CENTER PARKWAY, SUITE  
                  100-P  
City-State-Zip: PLEASANTON CA 94566

Title           SECRETARY  
Name           SMITH, TIM  
Address        11315 JOHNS CREEK PARKWAY  
City-State-Zip: JOHNS CREEK GA 30097

Title           DIRECTOR  
Name           LINDER, JACK D  
Address        555 HWY 190 E  
City-State-Zip: LAMPASAS TX 76550

Title           DIRECTOR  
Name           THAWLEY, RICHARD S  
Address        931 W. WOODBRIDGE RD.  
City-State-Zip: LODI CA 95242

Title           PRESIDENT  
Name           DAVIES, SUSAN  
Address        11315 JOHNS CREEK PARKWAY  
City-State-Zip: JOHNS CREEK GA 30097

Title           TREASURER  
Name           SHEPHERD , CARYL  
Address        11315 JOHNS CREEK PARKWAY  
City-State-Zip: JOHNS CREEK GA 30097

*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: TIM SMITH**

**SECRETARY**

**04/26/2023**

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

\_\_\_\_\_  
Date