

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



OFFICE OF THE SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

99 FEB 11 PM 3: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **728762** (6)

1. Corporation Name
THE WILSON, WILLIAM KENNERSON MEMORIAL

Principal Place of Business
**425 N. MARION ST.
P.O. BOX 372
LAKE CITY FL 32055-2845**

Mailing Address
**425 N. MARION ST.
P.O. BOX 372
LAKE CITY FL 32055-2845**

3. Date Incorporated or Qualified
02/06/1974

4. FEI Number
59-1641534

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**WILSON, HUGH A, JR.
425 N. MARION ST.
P.O. BOX 372
LAKE CITY FL 32055**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	HARRINGTON, DOROTHY	
STREET ADDRESS	425 N. MARION ST	
CITY-ST-ZIP	LAKE CITY, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WILSON, JAMES Y	
STREET ADDRESS	RES 2319 INGLEWOOD DR	
CITY-ST-ZIP	LAKE CITY, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILSON, HUGH A, JR	
STREET ADDRESS	RES 975 LK MONT DR	
CITY-ST-ZIP	LAKE CITY, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HEYWARD, LOVELYN WILSON	
STREET ADDRESS	MAGNOLIA BLUFF	
CITY-ST-ZIP	EAST POINT, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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Handwritten signature and date: 2/11/99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *W. H. Wilson* 2/28/99 904-752-1236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 000073

CR2E037 (10/97)