

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90025 006 ****61.25

DOCUMENT # 728762

1. Entity Name

THE WILLIAM KENNERSON WILSON MEMORIAL, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1641534**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, HUGH A JR.
 425 N. MARION ST.
 LAKE CITY FL 32055**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	WILSON, HUGH A JR.	425 N. MARION ST.	LAKE CITY FL 32055	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	HEYWARD, LOVELYN W	4380 OLD STERLINGTON ROAD	MONROE LA 71203	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	WISON, JAMES Y	2319 INGLEWOOD DRIVE	LAKE CITY FL 32055	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	HARRINGTON, DOROTHY	425 N. MARION ST.	LAKE CITY FL 32055-2845	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/2000
 Date Daytime Phone #

CR2E037 (9/99)