2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #757744

1. Entity Name

FILED Mar 07, 2008 8:00 am Secretary of State

03-07-2008 90032 031 ****61.25

WILSON - WOOD FOUNDATION, INC.										
Principal Place 930 SCHERE OSPREY, FL	R WAY	930 S(Address HERER WAY Y, FL 34229 US	S		इक्ट इंद के क्रिके			Til sibil sibil sib	
2. Principal Place of Business - No P.O. Box #		3. Mailin	3. Mailing Address							
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			02162008 CH	ng-NP	CR2E0	37 (12/06)	
City & State	8	City	& State			4. FEI Number 59-224392	6			plied For t Applicable
Zip	Country	Žip		Country		5. Certificate of St			\$8.75 Add Fee Require	
	6. Name and Address of Currer	ent Registered	Agent	Name		7. Name and Add	ress of New Ro	egistered	Agent	
BAUMANN, CHARLES CPA 1990 MAIN ST, S-801						s (P.O. Box Number is Not Acceptable)				
SARASOT	A, FL 34236									
				City				FL	Zip Cod	e
	named entity submits this statement tions of registered agent.	t for the purpos	se of changing its reg	gistered office	or register	red agent, or both, in	the State of Flo	rida. I am	familiar with,	and accept
u lo obligat	iono or regionered again.									
SIGNATURE .						•				
Oloro (Torice)	Signature, typed or printed name of registered ag-	gent and title if applic	able. (NOTE: Re	ogistered Agent siç	gnature required	d when reinstaling)		DATE		 -
	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2008	gent and title if applic	9. Election Campa Trust Fund Con	aign Financin		\$5.00 May Be Added to Fees		ake chec	k payable t	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND I		9. Election Campa	aign Financin	"	\$5.00 May Be	Flori	ake chec Ida Depa	rtment of S	tate
	Filing Fee is \$61.25 Due by May 1, 2008	DIRECTORS	9. Election Campa	aign Financin tribution.		\$5.00 May Be Added to Fees	Flori	ake chec Ida Depa	rtment of S	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.