

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757744

FILED
Mar 08, 2009
Secretary of State

Entity Name: WILSON - WOOD FOUNDATION, INC.

Current Principal Place of Business:

930 SCHERER WAY
OSPREY, FL 34229 US

New Principal Place of Business:

Current Mailing Address:

930 SCHERER WAY
OSPREY, FL 34229 US

New Mailing Address:

FEI Number: 59-2243926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUMANN, CHARLES CPA
1990 MAIN ST, S-801
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOOD, JOHN R.,
Address: 1301 NORTH TAMIAMI TRAIL, APT. #707
City-St-Zip: SARASOTA, FL 34236

Title: VD () Delete
Name: FRALEY, GEORGE D.,
Address: 2224 BROOKHAVEN DR
City-St-Zip: SARASOTA, FL 34239

Title: SD () Delete
Name: WOOD, SADIE L,
Address: 1301 N. TAMIAMI TRAIL APT. #707
City-St-Zip: SARASOTA, FL 34236

Title: TD () Delete
Name: WOOD, SUSAN,
Address: 930 SCHERER WAY
City-St-Zip: OSPREY, FL 34229

Title: D () Delete
Name: FAESSLER, THOMAS A
Address: 930 SCHERER WAY
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WOOD, JOHN R
Address: 1301 NORTH TAMIAMI TRAIL, APT. #707
City-St-Zip: SARASOTA, FL 34236

Title: VD (X) Change () Addition
Name: FRALEY, GEORGE D
Address: 2224 BROOKHAVEN DR
City-St-Zip: SARASOTA, FL 34239

Title: SD (X) Change () Addition
Name: WOOD, SADIE L
Address: 1301 N. TAMIAMI TRAIL APT. #707
City-St-Zip: SARASOTA, FL 34236

Title: TD (X) Change () Addition
Name: WOOD, SUSAN
Address: 930 SCHERER WAY
City-St-Zip: OSPREY, FL 34229

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN WOOD

TD

03/08/2009

Electronic Signature of Signing Officer or Director

Date