

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766322 (2)

1. Corporation Name
WYOMING PHILANTHROPIC TRUST, INC.



Principal Place of Business: 3001 TAMiami TRAIL NORTH, ROOM 207 NAPLES FL 33940 US
Mailing Address: 3001 TAMiami TRAIL NORTH ROOM 207 NAPLES FL 33940 US

3. Date Incorporated or Qualified: 12/28/1982
3a. Date of Last Report: 04/24/1995
4. FEI Number: 59-2290272
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

9. Name and Address of Current Registered Agent: BRADLEY, RICHARD C. 3001 TAMiami TRAIL NORTH ROOM 207 NAPLES FL 33940
10. Name and Address of New Registered Agent (81-85):
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 officer 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER, BARRON G. I	1.2 NAME	Collier, Barron G. II
STREET ADDRESS	911 12TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CODY WY	1.4 CITY-ST-ZIP	
TITLE	SVD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER, THERESA A.	2.2 NAME	
STREET ADDRESS	911 12TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CODY WY	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, RICHARD C.	3.2 NAME	
STREET ADDRESS	3001 NORTH TAMiami TRAIL, STE 207	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	700001812487
STREET ADDRESS		5.3 STREET ADDRESS	-05/07/96--01172--027
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Richard C. Bradley 4-18-96 941-435-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Richard C. Bradley, Director

CR2E037 (12/95)