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Feb 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address

3001 TAMiami TRAIL NORTH, ROOM 207  
NAPLES FL 33940  
US

3001 TAMiami TRAIL NORTH ROOM 207  
NAPLES FL 34103-4172  
US

3. Date Incorporated or Qualified 12/28/1982 3a. Date of Last Report 05/01/1996

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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 34103 25 Country 29 Zip 30 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 Name Ann G. Alfes  
82 Street Address (P.O. Box Number is Not Acceptable) 3001 Tamiami Trail North, Rm. 207  
83  
84 City Naples FL 85 Zip Code 34103

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 *Ann G. Alfes* DATE 1-31-97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	COLLIER, BARRON G. III	
STREET ADDRESS	911 12TH ST	
CITY-ST-ZIP	CODY WY	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	COLLIER, THERESA A.	
STREET ADDRESS	911 12TH ST	
CITY-ST-ZIP	CODY WY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRADLEY, RICHARD C.	
STREET ADDRESS	3001 NORTH TAMiami TRAIL, STE 207	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ann G. Alfes
3.3 STREET ADDRESS	3001 Tamiami Trail North, Rm. 207
3.4 CITY-ST-ZIP	Naples, FL 34103
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	

14. I do 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: *Ann G. Alfes* DATE: 1-31-97 DAYTIME PHONE: 941-435-1122  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)