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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 766322

1. Corporation Name

WYOMING PHILANTHROPIC TRUST, INC.

Principal Place of Business

3001 TAMiami TRAIL NORTH, ROOM 207
 NAPLES FL 34103
 US

Mailing Address

3001 TAMiami TRAIL NORTH ROOM 207
 NAPLES FL 33940
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 34103

3. Date Incorporated or Qualified

12/28/1982

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

9. Name and Address of Current Registered Agent

PERKOVICH, JOSEPH I
 3001 TAMiami TRAIL N
 #207
 NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT DELETE
 NAME COLLIER, BARRON G. III
 STREET ADDRESS 911 12TH ST
 CITY-ST-ZIP CODY WY

TITLE SVD DELETE
 NAME COLLIER, THERESA A.
 STREET ADDRESS 911 12TH ST
 CITY-ST-ZIP CODY WY

TITLE D DELETE
 NAME SIMPSON, WILLIAM L ESQ
 STREET ADDRESS 1135 14TH ST
 CITY-ST-ZIP CODY NY 82414

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP Change Addition
 1.2 NAME Barron G. Collier II
 1.3 STREET ADDRESS 3001 Tamiami Trail N, Suite 207
 1.4 CITY-ST-ZIP Naples, FL 34103

2.1 TITLE D Change Addition
 2.2 NAME Theresa A. Collier
 2.3 STREET ADDRESS 3001 Tamiami Trail N, Suite 207
 2.4 CITY-ST-ZIP Naples, FL 34103

3.1 TITLE DV Change Addition
 3.2 NAME William L. Simpson, Esq.
 3.3 STREET ADDRESS 1135 14th St
 3.4 CITY-ST-ZIP Cody WY 82414

4.1 TITLE ST Change Addition
 4.2 NAME Joseph I. Perkovich
 4.3 STREET ADDRESS 3001 Tamiami Trail N, Suite 207
 4.4 CITY-ST-ZIP Naples, FL 34103

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Joseph I. Perkovich
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

941-435-1122

Daytime Phone #

CR2E037 (1/198)