

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 766322**

1. Entity 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 34103 US
--	---

**DO NOT WRITE IN THIS SPACE**



03212007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2290272	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLLIER, II, BARRON G 3001 TAMIAMI TRAIL N STE 207 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SIMPSON, WILLIAM L ESQ 1135 14TH ST CODY, WY 82414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PERKOVICH, JOSEPH I 3001 TAMIAMI TRAIL N STE 207 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLIER, THERESA A 3001 TAMIAMI TRAIL N STE 207 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000752439  
 05/21/07-80017-003 61.25

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.

**SIGNATURE:** *Joseph I Perovich* *Sec/Treas* 4/16/07 839-435-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #