

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766322

FILED
Mar 15, 2010
Secretary of State

Entity Name: WYOMING PHILANTHROPIC TRUST, INC.

Current Principal Place of Business:

9045 STRADA STELL COURT
SUITE 500
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

9045 STRADA STELL COURT
SUITE 500
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 59-2290272 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PERKOVICH, JOSEPH I
9045 STRADA STELL COURT
SUITE 500
NAPLES, FL 34109 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: DP
Name: COLLIER, II, BARRON G
Address: 9045 STRADA STELL COURT, STE 500
City-St-Zip: NAPLES, FL 34109

Title: D
Name: SIMPSON, WILLIAM L ESQ
Address: 1135 14TH ST
City-St-Zip: CODY, WY 82414

Title: DV
Name: PERKOVICH, JOSEPH I
Address: 9045 STRADA STELL COURT, STE 500
City-St-Zip: NAPLES, FL 34109

Title: D
Name: COLLIER, THERESA A
Address: 9045 STRADA STELL COURT, STE 500
City-St-Zip: NAPLES, FL 34109

Title: S
Name: ZUK, MARIANNE R P
Address: 9045 STRADA STELL COURT, STE 500
City-St-Zip: NAPLES, FL 34109

Title: T
Name: WALKER, SANDRA D
Address: 9045 STRADA STELL COURT, STE 500
City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: MARIANNE R. P. ZUK

S

03/15/2010

Electronic Signature of Signing Officer or Director

Date