

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

**FILED**  
**Jun 05, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000009512

1. Entity Name

WILDLANDS FOREVER TRUST, INC.



Principal Place of Business

2109 EAST PALM AVENUE  
SUITE 104  
TAMPA, FL 33605

Mailing Address

2109 EAST PALM AVENUE  
SUITE 104  
TAMPA, FL 33605



06012007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

82-0575594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CURATELLI, JOHN J JR.  
6509 SEABIRD WAY  
APOLLO BEACH, FL 33572

**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

John S. Curatelli, Jr.

5/31/07

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CURATELLI, JOHN J JR.
STREET ADDRESS	6509 SEABIRD WAY
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	T
NAME	WILLIAMS, JANET
STREET ADDRESS	5115 WHISPERING LEAF TRAIL
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	S
NAME	MASTALERZ, LESLEY M
STREET ADDRESS	247 30TH AVE. NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704
TITLE	D
NAME	LONG, MICHAEL J
STREET ADDRESS	4508 OAK FAIR BLVD. 108
CITY-ST-ZIP	TAMPA, FL 33610
TITLE	D
NAME	LASMAN, JEFFERY M
STREET ADDRESS	2424 BVEKHORN RUN DRIVE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	D
NAME	PETERSON, STEVEN L
STREET ADDRESS	1910 LAKELAND HILLS BLVD.
CITY-ST-ZIP	LAKELAND, FL 33805

000000765868  
06/05/07-80001-003 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John S. Curatelli, Jr.

5/31/07

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341 6394