2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008802

FILED Apr 18, 2005 Secretary of State

Entity Name: THE WILDER FAMILY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

208 SABINE DRIVE 412 NORTH SUNSET PENSACOLA BEACH, FL 32561 GULF BREEZE, FL 32561

Current Mailing Address: New Mailing Address:

208 SABINE DRIVE PO BOX 579

PENSACOLA BEACH, FL 32561 GULF BREEZE, FL 325620579

FEI Number: 32-0138148 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILDER, HARRISON M
208 SABINE DRIVE
PENSACOLA BEACH, FL 32561 US
WILDER, HARRISON M
412 NORTH SUNSET
GULF BREEZE, FL 32561 US

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: 04/18/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 WILDER, HARRISON M
 Name:
 WILDER, HARRISON M

 Address:
 208 SABINE DRIVE
 Address:
 412 NORTH SUNSET

 City-St-Zip:
 PENSACOLA BEACH, FL 32561
 City-St-Zip:
 GULF BREEZE, FL 32561

Title: T () Delete Title: T (X) Change () Addition Name: WILDER, JILL E Name: WILDER, JILL E

Name: WILDER, JILL E
Address: 208 SABINE DRIVE
City-St-Zip: PENSACOLA BEACH, FL 32561
Name: WILDER, JILL E
Address: 412 NORTH SUNSET
City-St-Zip: GULF BREEZE, FL 32561

Title: T () Delete Title: () Change () Addition

 Name:
 BIANCHINO, DANIEL
 Name:

 Address:
 13 STACY LANE
 Address:

 City-St-Zip:
 ALBANY, NH 03818
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HARRISON WILDER T 04/18/2005