

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008802

FILED  
May 10, 2007  
Secretary of State

**Entity Name:** THE WILDER FAMILY CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

412 NORTH SUNSET  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 579  
GULF BREEZE, FL 325620579

**New Mailing Address:**

**FEI Number:** 32-0138148      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T      ( ) Delete  
Name: WILDER, HARRISON M  
Address: 412 NORTH SUNSET  
City-St-Zip: GULF BREEZE, FL 32561

Title: T      ( ) Delete  
Name: WILDER, JILL E  
Address: 412 NORTH SUNSET  
City-St-Zip: GULF BREEZE, FL 32561

Title: T      ( ) Delete  
Name: BIANCHINO, DANIEL  
Address: 13 STACY LANE  
City-St-Zip: ALBANY, NH 03818

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

PRES

05/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date