

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001590

FILED
Feb 08, 2007
Secretary of State

Entity Name: WOODROW WILSON FOUNDATION, INC.

Current Principal Place of Business:

1005 SWANN AVE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

1005 SWANN AVE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 20-0797570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODFORD, STEPHANIE
1005 SWANN AVE
TAMPA, FL 33606 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: D () Delete
Name: MANEY, KAREN
Address: 1009 S OREGON AVE
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: CAGNO, MARY FRANCES
Address: 1310 ANGLERS LANE
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: NOLES-GARCIA, DEBORAH
Address: 3609 SANTIAGO ST
City-St-Zip: TAMPA, FL 33629

Title: P () Delete
Name: LARSON, LORI
Address: 5213 S CRESCENT DR
City-St-Zip: TAMPA, FL 33611

Title: T () Delete
Name: HEITLINGER, MICHELE
Address: 3508 N SAN MIGUEL ST
City-St-Zip: TAMPA, FL 33629

Title: S () Delete
Name: SHIMBERG, MICHELLE
Address: 3214 W FOUNTAIN BLVD
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: CAGNO, MARIANNE
Address: 2515 SUNSET DR
City-St-Zip: TAMPA, FL 33629

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 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: MICHELE Y. HEITLINGER

TREA

02/08/2007

Electronic Signature of Signing Officer or Director

Date