2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N04000001590

Entity Name: WOODROW WILSON FOUNATION, 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:	CAGNO, MARIANNE	
Address:	2515 SUNSET DR	
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 FOUNTAN 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:	ADAMS, JEAN	
Address:	4709 W. LEONA	
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 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 HEITLINGER TREA 01/16/2009

Electronic Signature of Signing Officer or Director — Date