

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007251

FILED
Apr 08, 2009
Secretary of State

Entity Name: WILDERNESS PROTECTIVE ASSOCIATION, INC.

Current Principal Place of Business:

501 ST. JOHNS AVENUE
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

501 ST. JOHNS AVENUE
PALATKA, FL 32177

New Mailing Address:

FEI Number: 20-5223740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, RONALD E
501 ST. JOHNS AVENUE
PALATKA, FL 32177 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: WILLIAMS, JOHN M
Address: 501 ST. JOHNS AVENUE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: FLOYD, U.D.
Address: 7680 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: CLARK, RONALD E
Address: 501 ST. JOHNS AVENUE
City-St-Zip: PALATKA, FL 32177

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: RONALD E. CLARK

OFFI

04/08/2009

Electronic Signature of Signing Officer or Director

Date