

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003840

FILED
Jan 27, 2009
Secretary of State

Entity Name: THE WONDERWORKER FOUNDATION, INC.

Current Principal Place of Business:

114 SOUTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

114 SOUTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIKKI M. KAVOUKLIS, P.A.
114 SOUTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689 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: P () Delete
Name: KAVOUKLIS, NIKKI M
Address: 114 SOUTH PINELLAS AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: VP () Delete
Name: KAVOUKLIS, RUTH
Address: 814 VIRGINIA AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: SEC () Delete
Name: KAVOUKLIS, MARIA M
Address: 1774 LAGO VISTA BLVD
City-St-Zip: PALM HARBOR, FL 34685 US

Title: TR () Delete
Name: PRICE, GERRI K
Address: 607 SOUTH WESTLAND AVENUE, UNIT#110
City-St-Zip: TAMPA, FL 33606 US

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:

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: NIKKI M. KAVOUKLIS

P

01/27/2009

Electronic Signature of Signing Officer or Director

Date