2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# N08000007426

Entity Name: THE IDLEWILD FOUNDATION, INC.

Current Principal Place of Business:

18371 N. DALE MABRY HWY
LUTZ, FL 33548 US

New Principal Place of Business:

18333 EXCITING IDLEWILD BLVD
LUTZ, FL 33548 US

Current Mailing Address:

P.O. BOX 1757
LUTZ, FL 33548 US

New Mailing Address:

FEI Number: 26-3267484 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEAROLF, PIETER J
18371 N. DALE MABRY HWY
LUTZ, FL 33548 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
Name: DEAROLF, PIETER J
Address: P.O. BOX 1757
City-St-Zip: LUTZ, FL 33548

Title: D
Name: TAYLOR, ROBERT E
Address: P.O. BOX 1757
City-St-Zip: LUTZ, FL 33548

Title: D
Name: GRANT, JOHN A JR
Address: P.O. BOX 1757
City-St-Zip: LUTZ, FL 33548

Title: VC
Name: PERRY, ROBERT M
Address: P. O. BOX 1757
City-St-Zip: LUTZ, FL 33548

Title: SEC
Name: NIELSEN, RICHARD A JUDGE
Address: P.O. BOX 1757
City-St-Zip: LUTZ, FL 33548

Title: TREA
Name: SMITH, BYRON C
Address: P.O. BOX 1757
City-St-Zip: LUTZ, FL 33548

I hereby 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 all other like empowered.

SIGNATURE: PIETER J. DEAROLF CHM 02/06/2012

Electronic Signature of Signing Officer or Director Date