

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002457

FILED
Apr 06, 2010
Secretary of State

Entity Name: WISH CONNECTION, INC

Current Principal Place of Business:

290 AKRON RD
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

290 AKRON RD
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 26-4438779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCONNELL, DAVID A
290 AKRON RD
LAKE WORTH, FL 33467 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
Name: MCCONNELL, DAVID A
Address: 290 AKRON RD
City-St-Zip: LAKE WORTH, FL 33467

Title: VP
Name: MCCONNELL, SHARON D
Address: 290 AKRON RD
City-St-Zip: LAKE WORTH, FL 33467

Title: DIR
Name: BOGGIANO, PATRICIA M
Address: 284 AKRON RD
City-St-Zip: LAKE WORTH, FL 33467

Title: DIR
Name: CASKO, JILL T
Address: 1111 GREEN PINE BLVD, #C1
City-St-Zip: WEST PALM BEACH, FL 33409

Title: DIR
Name: TRAVISANO, TERESA V
Address: 1111 GREEN PINE BLVD, #C1
City-St-Zip: WEST PALM BEACH, FL 33409

Title: DIR
Name: SCANLON, MARY N DR
Address: 101 S FEDERAL HWY
City-St-Zip: LAKE WORTH, FL 33460 US

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: DAVID A MCCONNELL

P

04/06/2010

Electronic Signature of Signing Officer or Director

Date