

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010802

FILED  
Sep 16, 2012  
Secretary of State

**Entity Name:** A WILKERSON ENTERPRISE, INC.

**Current Principal Place of Business:**

457 BROOK RIDGE CIRCLE  
MINNEOLA, FL 34715

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1684  
MINNEOLA, FL 34755

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WILKERSON, WALTER L JR  
457 BROOK RIDGE CIRCLE  
MINNEOLA, FL 34715 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: WILKERSON, WALTER L JR  
Address: 457 BROOK RIDGE CIRCLE  
City-St-Zip: MINNEOLA, FL 34715

Title: VP  
Name: CANDLER, PAMELA M  
Address: 4557 BARBADOS LOOP  
City-St-Zip: CLERMONT, FL 34711

Title: OFF  
Name: WILKERSON, BRENDA  
Address: 556 E. BROOM ST  
City-St-Zip: CLERMONT, FL 34711

Title: SEC  
Name: YOUNG, NATLIN  
Address: 315 BRIMMING LAKE RD  
City-St-Zip: MINNEOLA, FL 34715

Title: OFF  
Name: MACK, DALE  
Address: 13116 SUMMERLAKE WAY  
City-St-Zip: CLERMONT, FL 34711

Title: OFF  
Name: CLEMPSON, DEDRA  
Address: 1159 W MONTROSE ST  
City-St-Zip: CLERMONT, FL 34711

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: WALTER WILKERSON JR

P

09/16/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date