

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26746

FILED
Apr 28, 2009
Secretary of State

Entity Name: WISH FOUNDATION,INC.

Current Principal Place of Business:

18735 N.E. 18 AVENUE
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

18735 N.E. 18 AVENUE
MIAMI, FL 33179

New Mailing Address:

FEI Number: 65-0060285 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, JUANITA L
18735 N. E. 18 AVENUE
MIAMI, FL 33179 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: CD () Delete
Name: MILLER, JUANITA L
Address: 18735 N.E. 18 AVENUE
City-St-Zip: MIAMI, FL 33179 US

Title: VD () Delete
Name: MASON GARDINER, BARBARA
Address: 2449 S.W. HALISSEE STREET
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: FD () Delete
Name: RICHARDSON, M. DOLORES
Address: 7993 SW 187 STREET
City-St-Zip: MIAMI, FL 33157 US

Title: SD (X) Delete
Name: STUBBS, NATASHA C
Address: 530 N. 29 AVENUE #4
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: TD (X) Delete
Name: FUZZ, REBECCA
Address: 19222 NW 82 CIRCLE CT
City-St-Zip: MIAMI, FL 33015 US

Title: ATD (X) Delete
Name: BLAKE, DOROTHY
Address: 9041 NW 190 STREET
City-St-Zip: MIAMI, FL 33015 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MILLER, JUANITA L
Address: 18735 N.E. 18 AVENUE
City-St-Zip: MIAMI, FL 33179 US

Title: D (X) Change () Addition
Name: MASON GARDINER, BARBARA
Address: 2449 S.W. HALISSEE STREET
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: D (X) Change () Addition
Name: MURRAY, VANESSA
Address: 10970 SW 142 LANE
City-St-Zip: MIAMI, FL 33176

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: JUANITA MILLER

P

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date