


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N33285		
1. Entity Name WEKIVA WILDERNESS TRUST, INC.		

Principal Place of Business 1800 WEKIWA CIR APOPKA, FL 32712	Mailing Address 1800 WEKIWA CIR APOPKA, FL 32712
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
LAWING, TIM 902 N WESTMORELAND DRIVE ORLANDO, FL 32804	

FILED
07 APR 23 AM 8:46
CLERK OF STATE
TALLAHASSEE, FLORIDA



04102007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2971659	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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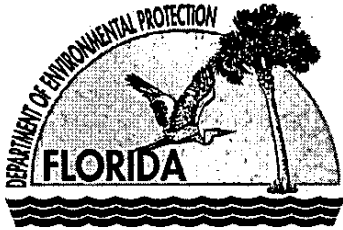
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD LAWING, TIM 902 N WESTMORELAND DRIVE ORLANDO, FL 32804 <input checked="" type="checkbox"/> Delete
TITLE	DV CROWDER, CINDY 2131 SARAGOSSA AVENUE DELAND, FL 32724 <input checked="" type="checkbox"/> Delete
TITLE	SD PHILPOTT, DON 2105 FLAKNER ROAD MAITLAND, FL 32714 <input checked="" type="checkbox"/> Delete
TITLE	T COHEN, GARY 516 BISON CIRCLE APOPKA, FL 32712 <input checked="" type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD DON PHILPOTT 2105 FALKNER ROAD MAITLAND, FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD TIM LAWING 902 WEST MORELAND DRIVE ORLANDO, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD GARY COHEN 516 BISON CIRCLE APOPKA, FL 32712 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD Richard Ashby 610 Fox Valley Drive LONGWOOD, FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D RICHARD POOLE 150 ESSEX DRIVE LONGWOOD, FL 32779 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: 	Don PHILPOTT	4-11-07	407-862-5477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #



Florida Department of Environmental Protection

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

April 20, 2007

Mr. Sean Toner
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

Dear Mr. Toner:

This letter is to certify to you that the Wekiva Wilderness Trust, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122, this filing is exempt from any fees when certified by this department.

After filing, please return certified documents to Eryn Calabro at the above address, MS 535. If further information is needed feel free to call her at 245-2939.

Sincerely,

Mike Bullock
Director
Florida Park Service

MB/edc

Attachments