


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000003179 1. Entity Name WEST FLORIDA WILDERNESS INSTITUTE, INC.	
---	---

Principal Place of Business
WEST FLORIDA WILDERNESS INSTITUTE
1912 OLD MT. ZION RD
PONCE DE LEON, FL 32455

Mailing Address
5915 BENJAMIN CENTER DRIVE
TAMPA, FL 33634



01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3191292	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HULL, DAVID J
SMITH, HULSEY, & BUSEY
225 WATER STREET STE., #1800
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEAVER, ROBERT S 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAUDER, OB 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MANN, NATALIE 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000129126
02/04/04-80014-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OB Stander 1/15/04 813-887-3300