2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2006 8:00 am Secretary of State

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DOCUMENT # N9300003179 1. Entity Name WEST FLORIDA WILDERNESS INSTITUTE, INC.								-)38 ****61.	25	
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				•	0011			3 8 161	
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.					01062006	Chg-NP	CR2E	037 (11/05)	
City & State		City & State					4. FEI Number Applied For 59-3191292 Not Applicable				
Zip	Country	Zip	·	Cou	intry		5. Certificate of	f Status Desire	ed 🔲	\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered	Agent				7. Name and /	Address of Ne	w Registered	J Agent	
HULL, DA					Name						
SMITH, HU 225 WATE	ILSEY, & BUSEY R STREET STE.,#1800 VILLE, FL 32202		-			ddress (P.O. Box Number is Not Acceptable)					
	;				City				F	Zip Code	
The above the obligate SIGNATURE	named entity submits this statement fo ions of registered agent.	r the purpos	e of changing its	registere	ed office or	r register	ed agent, or both	i, in the State o	f Florida. I ar	n familiar with,	and accept
	Signature, typed or printed name of registered agent	and title if applic	able. (NOTE	E: Registered	d Agent signat	beriuper eru	twhen reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
10.	OFFICERS AND DIF	RECTORS				L			Florida Dep		
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

HIGHTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06 813.8

873300

Daytime Phone #