


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 AM
Secretary of State

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

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| 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 |
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01162008 No Chg-NP CR2E037 (4/06)

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|--|--|
| 4. FEI Number 59-3191292 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|--|
| 6. Name and Address of Current Registered Agent HULL, DAVID J SMITH, HULSEY, & BUSEY 225 WATER STREET STE. #1800 JACKSONVILLE, FL 32202 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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|---|---|--|
| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000853852 03/26/08-90095-002 61.25 |
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| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------|
| TITLE | D |
| NAME | WEST, JEAN |
| STREET ADDRESS | 1896 HWY 90 |
| CITY-ST-ZIP | WESTVILLE, FL 32464 |
| TITLE | P |
| NAME | HOMANES, DOUG |
| STREET ADDRESS | 2471 BARFIELD RD |
| CITY-ST-ZIP | BONIFAY, FL 32425 |
| TITLE | D |
| NAME | MICHAEL, MIKE |
| STREET ADDRESS | 9633 DAVENPORT AVR |
| CITY-ST-ZIP | YOUNGSTOWN, FL 32466 |
| TITLE | D |
| NAME | GULKIS, NORM |
| STREET ADDRESS | P O BOX 15932 |
| CITY-ST-ZIP | PANAMA CITY, FL 32406 |
| TITLE | D |
| NAME | CHILES, DESMA |
| STREET ADDRESS | 3336 LONG RD. |
| CITY-ST-ZIP | PANAMA CITY, FL 32409 |
| TITLE | D |
| NAME | LEE, DENNIS |
| STREET ADDRESS | 211 N. OKLAHOMA ST |
| CITY-ST-ZIP | BONIFAY, FL 32425 |

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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.

SIGNATURE:  **3/5/08** **813-887-3300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #