

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000005381 (9)**

1. Corporation Name

**WILDWOOD FOUNDATION, INC.**



Principal Place of Business

**4953 W. LAKE RD.  
CANANDAIGUA NY 14424  
280 ESTRELLITA DR  
RT MYERS BEACH FL**

Mailing Address

**4953 W. LAKE RD.  
CANANDAIGUA NY 14424**

3. Date Incorporated or Qualified  
**11/30/1993**

3a. Date of Last Report  
**06/07/1995**

2. Principal Place of Business

2a. Mailing Address

**21 280 ESTRELLITA DR**

**26 PO BOX 2552**

4. FEI Number  
**16-1449958**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

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

**23 RT MYERS BEACH FL**

**28 RT MYERS BEACH FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip **33931**

Country **LEO**

Zip **33932**

Country **LEE**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRAUN, KELLY M  
800 LAUREL OAK DR.  
SUITE 400  
NAPLES FL 44963-2738**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **HALL, RICHARD S**  
STREET ADDRESS **4953 W. LAKE RD.**  
CITY - ST - ZIP **CANANDAIGUA NY 14424**

11 TITLE ☒ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS **280 ESTRELLITA DR**  
14 CITY - ST - ZIP **RT MYERS BEACH FL 33931**

TITLE **D** ☐ DELETE  
NAME **HALL, RICHARD S JR**  
STREET ADDRESS **4953 W. LAKE RD.**  
CITY - ST - ZIP **CANANDAIGUA NY 14424**

21 TITLE ☒ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS **12 SUFFOLK ST**  
24 CITY - ST - ZIP **FAIRPORT NY 14450**

TITLE **D** ☐ DELETE  
NAME **HALL, EVERETT P JR**  
STREET ADDRESS **26 FOXBORO LANE**  
CITY - ST - ZIP **FAIRPORT NY**

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE **D** ☐ DELETE  
NAME **FOX, P R**  
STREET ADDRESS **135 CORPORATE WOODS, SUITE 300**  
CITY - ST - ZIP **ROCHESTER NY 14623**

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE **S** ☐ DELETE  
NAME **MIRABELLA, JANICE I**  
STREET ADDRESS **4953 W LAKE RD.**  
CITY - ST - ZIP **CANANDAIGUA NY**

51 TITLE ☒ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS **280 ESTRELLITA DR**  
54 CITY - ST - ZIP **RT MYERS BEACH FL 33931**

TITLE **WILLIAM R HALL** ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE ☐ Change ☒ Addition  
62 NAME **DIRECTOR**  
63 STREET ADDRESS **WILLIAM R HALL**  
64 CITY - ST - ZIP **12 SUFFOLK ST FAIRPORT NY 14450**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Richard S Hall, Director*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/3/96**  
Date

**941-463-2130**  
Daytime Phone #

CR2E037 (12/95)