

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

FILED
Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000005381

1. Entity Name
WILDWOOD FOUNDATION, INC.



Principal Place of Business
**280 ESTRELLITA DR
FT MYERS BCH, FL 33931 US**

Mailing Address
**PO BOX 2552
FT MYERS BCH, FL 33932 US**



01092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1449958

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HALL, RICHARD S
280 ESTRELLITA DR
FORT MYERS BEACH, FL 33931**

**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
**D
HALL, RICHARD S
280 ESTRELLITA DR
FT MYERS BCH, FL 33931**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HALL, RICHARD S JR
4356 FALCON CREST
FLOWERY BRANCH, GA 30542**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DITCH, DENNIS E
COUNTY RD #40
BLOOMFIELD, NY**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
MIRABELLA, JANICE I
280 ESTRELLITA DR
FT MYERS BCH, FL 33931**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HALL, WILLIAM R
4356 FALCON CREST
FLOWERY BRANCH, GA 30542**

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11/14/04-80007-024 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: Richard S Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/04

Date

239-463-5820

Daytime Phone #