

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 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**



03142005 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 \$81.25
Due by May 1, 2005**

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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IN THIS SPACE**

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03/16/05-80064-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ruford Hall*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2394635820