

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000800

FILED  
Feb 15, 2012  
Secretary of State

**Entity Name:** THE WILSON HOUSE, INC.

**Current Principal Place of Business:**

510 WILDLIFE TRL  
LAKELAND, FL 33809 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2461  
LAKELAND, FL 33806 US

**New Mailing Address:**

**FEI Number:** 59-3230584

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HILL, ARTHUR  
510 WILDLIFE TRAIL  
LAKELAND, FL 33809 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: JOHNSON, RICHARD  
Address: 1836 N. CRYSTAL LK DR #21  
City-St-Zip: LAKELAND, FL 33801

Title: BOD  
Name: MCLAURIN, SCOTT  
Address: 547 52ND AVE N  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: BOD  
Name: HILL, ARTHUR  
Address: 510 WILDLIFE TRAIL  
City-St-Zip: LAKELAND, FL 33809

Title: BOD  
Name: CHASTAIN, SHAUN  
Address: 1703 ELM RD E  
City-St-Zip: LAKELAND, FL 33801

Title: BOD  
Name: SWANSON, RONALD  
Address: 344 LISA STREET  
City-St-Zip: LAKELAND, FL 33815

Title: BOD  
Name: KEVIN, ROBERT  
Address: 2315 PRESTWICK PASS  
City-St-Zip: LAKELAND, FL 33810

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD JOHNSON

T

02/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date