

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90327 030 ****70.00

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1. Entity Name

WISHING WELL FOUNDATION, INC.



Principal Place of Business

5051 CASTELLO DRIVE
STE 1
NAPLES FL 34103
US

Mailing Address

5051 CASTELLO DRIVE
STE 1
NAPLES FL 34103
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0525360

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

TORBUSH, VICKI
5051 CASTELLO DRIVE
STE 1
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Vicki Torbush Vicki Torbush, Director 4/8/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TP	<input type="checkbox"/> Delete
NAME	JOHNSON, CHARLES	
STREET ADDRESS	1770 WAVECREST CT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONNATO, JILENE	
STREET ADDRESS	26950 MONTEGO POINT #201	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZORNES, SUEANN	
STREET ADDRESS	5731 12TH AVE., S.W.	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	D	<input type="checkbox"/> Delete
NAME	TORBUSH, MIMI	
STREET ADDRESS	243 WINDBROOK CT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRICE, MARK	
STREET ADDRESS	C/O 850 PARK SHORE DRIVE	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	TORBUSH, VICKI	
STREET ADDRESS	26930 WYNDHURST CT	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kerri Goldsmith	
STREET ADDRESS	9240 Market Place Rd	
CITY-ST-ZIP		
TITLE	#2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ft Myers, FL	
STREET ADDRESS	33912-0869	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Vicki Torbush Vicki Torbush, Director 4/8/04