


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90147 016 ****70.00

DOCUMENT # N94000004486					
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 <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TORBUSH, VICKI 5051 CASTELLO DRIVE STE 1 NAPLES FL 34103			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: <i>Vicki Torbush</i> Vicki Torbush-Director 4/24/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, CHARLES		NAME		
STREET ADDRESS	1770 WAVECREST CT		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL 34145		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GENNARO, JILENE		NAME		
STREET ADDRESS	26950 MONTEGO PT #201		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33912 Bonita Springs, FL 34134		CITY-ST-ZIP		
TITLE	VP-TP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDSMITH, KERRI		NAME		
STREET ADDRESS	9240 MARKETPLACE RD		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34116 6611 Greenbriar Farm Rd Ft Myers, FL 33905		CITY-ST-ZIP		
TITLE	Sec	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORBUSH, MIMI		NAME		
STREET ADDRESS	243 WINDBROOK CT		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL 34145		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRICE, MARK		NAME		
STREET ADDRESS	C/O 850 PARK SHORE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34103		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORBUSH, VICKI		NAME		
STREET ADDRESS	26930 WYNDHURST CT		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		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: <i>Vicki Torbush</i> Vicki Torbush-Director 4/24/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					