


# 2006 NOT-FOI-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90310 002 \*\*\*\*70.00

<b>DOCUMENT # N94000004486</b>						
<b>1. Entity Name</b> WISHING WELL FOUNDATION, INC.						
<b>Principal Place of Business</b> 5051 CASTELLO DRIVE STE 1 NAPLES FL 34103 US			<b>Mailing Address</b> 5051 CASTELLO DRIVE STE 1 NAPLES FL 34103 US			
<b>2. Principal Place of Business</b> <i>Same</i>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		<b>4. FEI Number</b> 65-0525360		
Zip		Country		Applied For Not Applicable		
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  TORBUSH, VICKI 5051 CASTELLO DRIVE STE 1 NAPLES FL 34103			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<b>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.</b> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 30%;"> <b>SIGNATURE</b> <i>Vicki Torbush</i>  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 30%;"> <i>Vicki Torbush</i>  <small>(NOTE: Registered Agent signature required when resigning)</small> </div> <div style="width: 30%;"> <i>4/20/06</i>  <small>DATE</small> </div> </div>						
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make Check Payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<b>V</b> GENNARO, JILENE 26950 MONTEGO PT #2 BONITA SPRINGS FL 34134		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<b>TP</b> GOLDSMITH, KERRI 6611 GREENBRIGE FARM RD FORT MYERS FL 33905		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<b>S</b> TORBUSH, MIMI 243 WINDBROOK CT MARCO ISLAND FL 34145		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<b>D</b> PRICE, MARK C/O 850 PARK SHORE DRIVE NAPLES FL 34103		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<b>D</b> TORBUSH, VICKI 26930 WYNDHURST CT BONITA SPRINGS FL 34134		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, will or other like empowered.</b>						
<b>SIGNATURE:</b> <i>Vicki Torbush</i> <b>Vicki Torbush</b> <i>4/20/06</i> <b>(239) 213-0397</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						