2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2009
Secretary of State

DOCUMENT# N94000004486

Entity Name: WISHING WELL FOUNDATION,INC.

Current Principal Place of Business:

5051 CASTELLO DRIVE
STE 1
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

5051 CASTELLO DRIVE
STE 1
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0525360 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TORBUSH, VICKI
5051 CASTELLO DRIVE
STE 1
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

TORBUSH, VICKI L EX DIR
5051 CASTELLO DRIVE
STE 1
NAPLES, FL 34103 US

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: VICKI L TORBUSH 09/01/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: GENNARO, JILENE
Address: 26950 MONTEGO PT #2
City-St-Zip: BONITA SPRINGS, FL 34134

Title: P ( ) Delete
Name: GOLDSMITH, KERRI
Address: 6611 GREENBRIGE FARM RD
City-St-Zip: FORT MYERS, FL 33905

Title: D ( ) Delete
Name: NORGREZ, DAWN
Address: 6300 TRAIL BLVD.
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete
Name: TORBUSH, MIMI
Address: 243 WINDBROOK CT.
City-St-Zip: MARCO ISLAND, FL 34145

Title: T ( ) Delete
Name: TORBUSH, VICKI
Address: 26930 WYNDHURST CT
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VICKI L TORBUSH TREA 09/01/2009
Electronic Signature of Signing Officer or Director Date