2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mar 24, 2003 8:00 am § Secretary of State DOCUMENT # N94000004486 1. Entity Name 03-24-2003 90187 012 ****70.00 WISHING WELL FOUNDATION.INC. Principal Place of Business Mailing Address 5051 CASTELLO DRIVE 5051 CASTELLO DRIVE STE 1 NAPLES FL 34103 NAPLES FL 34103 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0525360 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TORBUSH, VICKI Street Address (P.O. Box Number is Not Acceptable) 5051 CASTELLO DRIVE STE 1 NAPLES FL 34103 City 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 obligation of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Pavable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State FICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. I & President TITLE ☐ Delete TITLE Sec/VP Change JOHNSON, CHARLES NAME NAME Kerri Goldsmith STREET ADDRESS 1770 WAVECRESTXT CT STREET ADDRESS 14291 metro PKWY# 1300 CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-ZIP Ft Myers, Delete TITLE NAME THOMAS, JAMES NAME Lene Gennero Point#201 STREET ADDRESS C/O 3300 SANTA BARBARA BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE HAYNES, JIM NAME NAME STREET ADDRESS 212 WINDBROOK CT 5731 12th AUG; STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME Torbush, Mimi NAME STREET ADDRESS 243 WINDBROOK CT STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME PRICE, MARK NAME

12. I hereby certify that the information supplied with this filling 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 accurrate 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 elecute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report is true a of the corporation or the receiver of trustee empowered changed, or on an attachment with an address, with all

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

C/O 850 PARK SHORE DRIVE

NAPLES FL 34103

TORBUSH, VICKI

26930 WYNDHURST CT

BONITA SPRINGS FL 34134

☐ Change

FILED

☐ Addition