FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1007



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1991			
DOCUMENT #	NOCOOO		

N96000002015 (3) 1. Corporation Name

WYNDEMERE LEGAL DEFENSE FUND, INC.

Country

Principal Place of Business	Mailing Address	
893 WYNDEMERE WAY NAPLES FL 33999	893 WYNDEMERE WAY NAPLES FL 34105-7168	
		3. Date Incorporated or Qualified 04/15/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number
21	26	65-0658231
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired

City & State

29 9. Name and Address of Current Registered Agent Name 81

Zıp

27

28

SLYE, V	/ F
893 WY	NDERERE WAY
NAPLES	FL 33999

City & State

23

24

Zip

FILED
Jan 16 1997 8:00am
Secretary of State



Yes No

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

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

3a. Date of Last Report

Applied For

Fee Required

\$5.00 May Be

Added to Fees

85 Zip Code

Not Applicable \$8.75 Additional

				FL	_ - - -	
office or re	to the provisions of Sections 617.0502 and 617.150 egistered agent, or both, in the State of Florida. Su m familiar with and accept the poligations of, Sect	ch change was auth	norized by the corp	corporation submits this statement for the purpose operation's board of directors. I hereby accept the appropriate the control of the control	of changing lts pointment as	s registered registered
SIGNATURE	Whank Dlee			<i>」</i>	-97	
DIGITATION E	Signature, types or printed name of registered age: and title if applic	able (NOTE R	egistered Agent signature	required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS)	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	IS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change	Addition
NAME	SLYE, W F		1.2 NAME			
STREET ADDRESS	893 WYNDEMERE WAY		1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL-20999 34105		1.4 CITY - ST - ZIP			Ĭ
TITLE	D	DELETE	2.1 TITLE	DIRECTOR	Change	Addition
NAME	RICKS, JAY		2.2 NAME	RICKS, JAY		
STREET ADDRESS	893 WYNDEMERE WAY		2.3 STREET ADDRESS	425 ROSEMEADE LANE		
CITY - ST - ZIP	NAPLES FL 33999		2. 4 CITY-ST-ZIP	NAPLES, FL. 34105		
TITLE	D	DELETE	3.1 TITLE	DIRECTOR	Change	Addition
NAME	SEIGFREID, JEROME	•	3.2 NAME	HODFINGER FRED		
STREET ADDRESS	893 WYNDEMERE WAY		3.3 STREET ADORESS	ILL EDGEMERE WAY SO	りすり	
CITY-ST-ZIP	-NAPLES FL 33999		3.4. CITY-ST-ZIP	Hopfinger, FRED. 14! Edgemere Way Son NAPLES, FL. 34105		
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	51 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			53 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIP			6.4 CITY - ST - ZIP			

Country

82

83 84 City

30

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

/-7-97 941-262-8088 Date Daytime Phone • 0059517