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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004891 (5)**

1. Corporation Name

**THE WILD FAMILY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

200 MAC FARLAND DRIVE  
SUITE 1003-N  
DELRAY BEACH FL 33483

200 MAC FARLAND DRIVE  
SUITE 1003-N  
DELRAY BEACH FL 33483

3. Date Incorporated or Qualified

**09/20/1996**

4. FEI Number

**65-0709568**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **2606 Hampton Circle N**

26 **2606 Hampton Circle N**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ~~XXXXXXXXXX~~

27 ~~XXXXXXXXXX~~

City & State

City & State

23 **Delray Beach, FL**

28 **Delray Beach, FL**

Zip

Zip

24 **33445**

29 **33445**

Country

Country

25 **USA**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DONOFF, CRAIF  
6100 GLADES ROAD  
SUITE 204  
BOCA RATON FL 33434

81 Name

**Sweeney, Jeanne E.**

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

**2606 Hampton Circle N**

83

84 City

**Delray Beach**

FL

85 Zip Code

**33445**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/30/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **WILD, JOHN J**  
STREET ADDRESS **200 MAC FARLAND DRIVE, #1003-N**  
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **VSD** ☐ DELETE

NAME **WILD, EILEEN H**  
STREET ADDRESS **200 MAC FARLAND DRIVE, #1003-N**  
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **D** ☐ DELETE

NAME **WILD, JOHN J JR.**  
STREET ADDRESS **200 MAC FARLAND DRIVE, #1003-N**  
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **D** ☐ DELETE

NAME **SWEENEY, JEANNE E**  
STREET ADDRESS **200 MAC FARLAND DRIVE, #1003-N**  
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**PD** ☒ Change ☐ Addition

**Wild, John J.**  
**49 Freshwater Lane**  
**Hilton Head Island, SC 29928**

**VD** ☒ Change ☐ Addition

**Wild, Eileen H.**  
**49 Freshwater Lane**  
**Hilton Head Island, SC 29928**

**D** ☒ Change ☐ Addition

**Wild, John Jr Jr**  
**65 India Row apt. 5F**  
**Boston, MA 02110**

**DS** ☒ Change ☐ Addition

**Sweeney, Jeanne E.**  
**2606 Hampton Circle N.**  
**Delray Beach, FL 33445**

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. 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 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: *[Signature]* SIGNATURE REQUIRED

**John J. Wild 1/26/98 (803) 341-7928**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)