


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000004891 1. Entity Name THE WILD FAMILY FOUNDATION, INC.	
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Principal Place of Business 915 EMERALD ROW GULF STREAM, FL 33483 US	Mailing Address PO BOX 391 PORT WASHINGTON, NY 11050
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01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0709568	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWEENEY, JEANNE E
915 EMERALD ROW
GULF STREAM, FL 33483

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

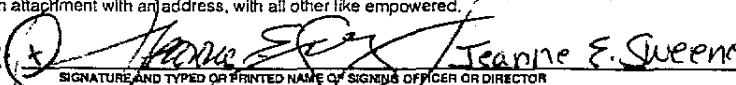
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILD, JOHN J JR 202 WATERSIDE DRIVE N. FALMOUTH, MA 02556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILD, EILEEN H 401 EAST LINTON BLVD., #652 DEL RAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWEENEY, JEANNE E 915 EMERALD ROW GULF STREAM, FL 33483
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01/20/04-80066-014 61.25

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12. 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 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, with all other like empowered.

SIGNATURE  **Jeanne E. Sweeney** 1/15/04 (561) 276-7325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #