

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000004891

1. Entity Name

THE WILD FAMILY FOUNDATION, INC.



Principal Place of Business

915 EMERALD ROW
GULF STREAM FL 33483
US

Mailing Address

PO BOX 391
PORT WASHINGTON NY 11050

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0709568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWEENEY, JEANNE E
915 EMERALD ROW
GULF STREAM FL 33483

Name

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

City

FL

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 obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	WILD, JOHN J JR	
STREET ADDRESS	202 WATERSIDE DRIVE	
CITY- ST- ZIP	N. FALMOUTH MA 02556	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILD, EILEEN H	
STREET ADDRESS	401 EAST LINTON BLVD., #652	
CITY- ST- ZIP	DEL RAY BEACH FL 33483	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SWEENEY, JEANNE E	
STREET ADDRESS	915 EMERALD ROW	
CITY- ST- ZIP	GULF STREAM FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY- ST- ZIP		

000000232193
02/16/05-80065-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/05 801-276-2325