

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 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**



01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0709568</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

U000000598633  
01/24/07-80083-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1/17/07 561-276-7325  
Date Daytime Phone #