

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90014 008 ****61.25

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 - No P.O. Box #
400 SEASAGE DR.
Suite, Apt. #, etc.
1101

3. Mailing Address
PO Box 391

City & State
DELRAY BEACH, FL

City & State
PORT WASHINGTON NY

Zip
33483

Country
US

Zip
11050

Country
US

01072008 Chg-NP CR2E037 (12/06)

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

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

7. Name and Address of New Registered Agent

Name
WILD, JOHN J JR

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

400 SEASAGE DR. # 1101

City
DELRAY BEACH FL Zip Code
33483

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]

1-14-08

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, 2008

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
WILD, JOHN J JR
202 WATERSIDE DRIVE
N. FALMOUTH, MA 02556 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WILD, EILEEN H
401 EAST LINTON BLVD., #652
DEL RAY BEACH, FL 33483 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SWEENEY, JEANNE E
915 EMERALD ROW
GULF STREAM, FL 33483 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WILD, JOHN J JR
400 SEASAGE DR # 1101
DELRAY BEACH FL 33483 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
SWEENEY, JEANNE E
915 EMERALD ROW
GULF STREAM, FL 33483 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

JOHN J WILD JR 1-14-08 781-856-0125

Date

Daytime Phone #