

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004891

FILED
Feb 04, 2009
Secretary of State

Entity Name: THE WILD FAMILY FOUNDATION, INC.

Current Principal Place of Business:

400 SEASAGE DR STE 1101
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 391
PORT WASHINGTON, NY 11050

New Mailing Address:

72 GLEN COVE DRIVE
GLEN HEAD, NY 11545

FEI Number: 65-0709568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILD, JOHN J JR
400 SEASAGE DR 1101
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WILD, JOHN J JR
Address: 400 SEASAGE DR 1101
City-St-Zip: DELRAY BEACH, FL 33483

Title: SD () Delete
Name: WILD, EILEEN H
Address: 401 EAST LINTON BLVD., #652
City-St-Zip: DEL RAY BEACH, FL 33483

Title: VPD () Delete
Name: SWEENEY, JEANNE E
Address: 915 EMERALD ROW
City-St-Zip: DELRAY BEACH, FL 33483 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILD, JOHN J JR
Address: 400 SEASAGE DR 1101
City-St-Zip: DELRAY BEACH, FL 33483

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNOLD A. SABINO CPA

MR.

02/04/2009

Electronic Signature of Signing Officer or Director

Date