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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005625 (6)

1. Corporation Name

WYMAN FIELDS FOUNDATION, INC.



Principal Place of Business

528 RIDGELINE RUN  
LONGWOOD FL 32750

Mailing Address

528 RIDGELINE RUN  
LONGWOOD FL 32750-3307

3. Date Incorporated or Qualified  
10/25/1996

3a. Date of Last Report  
NA

2. Principal Place of Business

21 101 South HALL LANE

2a. Mailing Address

26 SAME

4. FEI Number

59-3405782

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 400

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

X

\$8.75 Additional

Fee Required

City & State

23 Maitland Florida

City & State

28

6. Election Campaign Financing  
Trust Fund Contribution

□

\$5.00 May Be  
Added to Fees

Zip

24 32251

Country

25 USA

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

□ Yes X No

9. Name and Address of Current Registered Agent

BIRLE, ERIC J  
302 MORNING GLORY DRIVE  
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT  
NAME KILGORE, BARRY  
STREET ADDRESS 656 SEMINOLE AVENUE  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE VS  
NAME KILGORE, JUDY  
STREET ADDRESS 656 SEMINOLE AVENUE  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE J.B. Couch PRESIDENT  
NAME  
STREET ADDRESS 656 Seminoles Avenue  
CITY-ST-ZIP Longwood, FL 32750

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director  
1.2 NAME CAPODACE, A. BIRLE  
1.3 STREET ADDRESS 528 RIDGELINE RUN  
1.4 CITY-ST-ZIP Longwood FL 32750

2.1 TITLE D  
2.2 NAME ERIC J. Birle  
2.3 STREET ADDRESS 302 Morning Glory Drive  
2.4 CITY-ST-ZIP LAKE MARY FL 32746

3.1 TITLE D  
3.2 NAME Vice President  
3.3 STREET ADDRESS Michael D. Stieb  
3.4 CITY-ST-ZIP 3111 Anderson Street  
Covington, GA 30209

4.1 TITLE D  
4.2 NAME President  
4.3 STREET ADDRESS J.B. Couch  
4.4 CITY-ST-ZIP 656 Seminoles Ave  
Longwood, FL 32750

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)