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**FILED**  
**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90021 013 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005625**

1. Corporation Name

**WYMAN FIELDS FOUNDATION, INC.**

Principal Place of Business

101 SOUTH HALL LANE  
SUITE 400  
MAITLAND FL 32751

Mailing Address

125 CRESTLINE RD.  
SUITE 1400  
SANFORD FL 32771



2. Principal Place of Business 21 125 Coastline Rd, Suite 1400 Suite, Apt. #, etc. 22 Sanford, FL City & State 23 32771 Seminole Zip Country 24 25	2a. Mailing Address 26 125 Coastline Rd Suite, Apt. #, etc. 27 Suite 1400 City & State 28 Sanford, FL Zip Country 29 32771 30 Seminole	3. Date Incorporated or Qualified 10/25/1996 4. FEI Number 59-3405782 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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

FL

85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRONE, ANTHONY	1.2 NAME	
STREET ADDRESS	151 SOUTHHALL LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERSON, RUFUS P.A.	2.2 NAME	
STREET ADDRESS	125 MONROE STREET	2.3 STREET ADDRESS	VPD Dottie Burkett
CITY-ST-ZIP	TALLAHASSEE FL 32302	2.4 CITY-ST-ZIP	1345 East 28th Street
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRLE, ERIC J	3.2 NAME	
STREET ADDRESS	302 MORNING GLORY DRIVE	3.3 STREET ADDRESS	Sanford, FL 32773
CITY-ST-ZIP	LAKE MARY FL 32746	3.4 CITY-ST-ZIP	STD Bonnett, Todd
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	408 Pineview Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Altamonte Springs, FL 32701
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/24/99 (407) 328-0003