

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005316

FILED
Apr 18, 2006
Secretary of State

Entity Name: THE WILSON FAMILY FOUNDATION, INC.

Current Principal Place of Business:

4205 57TH CT
VERO BEACH, FL 32967

New Principal Place of Business:

Current Mailing Address:

4205 57TH CT
VERO BEACH, FL 32967

New Mailing Address:

FEI Number: 65-0886809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCKINNON, MICHAEL J JR.
911 DELAWARE AVE
FORT PIERCE, FL 34950 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: PD () Delete
Name: WILSON, LEONARD A
Address: 4205 57TH COURT
City-St-Zip: VERO BEACH, FL 32967

Title: VD () Delete
Name: WILSON, ANDREW
Address: 6897 FRANCIS MARION RD
City-St-Zip: PAMPLICO, SC 29583

Title: SD () Delete
Name: JONES, ANNIE L
Address: 1202 E CARDEZA ST
City-St-Zip: PHILADELPHIA, PA 19119

Title: D () Delete
Name: DANIELS, BOBBY
Address: 203 BROOK PINE DR
City-St-Zip: GREENSBORO, NC 27406

Title: TD () Delete
Name: WILSON, DENISE
Address: 5556 HUNTER ST
City-St-Zip: PHILADELPHIA, PA 19131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: LEONARD A. WILSON

PD

04/18/2006

Electronic Signature of Signing Officer or Director

Date