

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

0075995

DOCUMENT # N98000005316

1. Entity Name

THE WILSON FAMILY FOUNDATION, INC.



05-08-2003 90149 047 ****61.25

Principal Place of Business

**4205 57TH CT
VERO BEACH FL 32967**

Mailing Address

**4205 57TH CT
VERO BEACH FL 32967**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0886809**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MCKINNON, MICHAEL J JR.
911 DELAWARE AVE
FORT PIERCE FL 34950**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **PD** ☐ Delete
NAME **DANIELS, CALVIN**
STREET ADDRESS **1549 N OLD RIVER RD**
CITY-ST-ZIP **PAMPLICO SC 29583**

TITLE **VD** ☐ Delete
NAME **WILSON, ANDREW**
STREET ADDRESS **130-11 161ST STREET**
CITY-ST-ZIP **JAMACIA NY**

TITLE **SD** ☐ Delete
NAME **JONES, ANNIE L**
STREET ADDRESS **1202 E CARDEZA ST**
CITY-ST-ZIP **PHILADELPHIA PA 19119**

TITLE **D** ☐ Delete
NAME **DANIELS, BOBBY**
STREET ADDRESS **203 BROOK PINE DR**
CITY-ST-ZIP **GREENSBORO NC 27406**

TITLE **TD** ☐ Delete
NAME **COLEMAN, MICHELLE**
STREET ADDRESS **5426 WYNDALE AVE**
CITY-ST-ZIP **PHILADELPHIA PA 19131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. 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 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:

Calvin Daniels April 30, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)