

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90021 028 ****61.25

DOCUMENT # N99000000011

1. Entity Name

THE WANVIG FOUNDATION, INC.



Principal Place of Business

842 N MACEWEN DRIVE
OSPNEY FL 34229
US

Mailing Address

8045 BAY POINTE DR.
ENGLEWOOD FL 34224

2. Principal Place of Business

8045 BAY POINTE DRIVE

Suite, Apt. #, etc.

ENGLEWOOD FL

City & State

34224

Zip

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0885129

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINES, JAMES P
315 S HYDE PARK AVE.
TAMPA FL 33606

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
Due By May 1, 2005

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 D ☐ Delete
NAME WANVIG, WALTER L
STREET ADDRESS 842 N MACEWEN DRIVE
CITY-ST-ZIP OSPNEY FL 34229

TITLE D ☐ Delete
NAME WANVIG, DONNA J
STREET ADDRESS 842 N MACEWEN DRIVE
CITY-ST-ZIP OSPNEY FL 34229

TITLE D ☐ Delete
NAME WANVIG, STEPHEN W
STREET ADDRESS 449 SOUTH CREEK DRIVE.
CITY-ST-ZIP OSPNEY FL 34229

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8045 BAY POINTE DR
CITY-ST-ZIP Englewood, FL 34224

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8045 BAY POINTE DR
CITY-ST-ZIP Englewood, FL 34224

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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:

Donna J. Waning DONNA J. WANVIG 3/10/05 941-698-9987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #