
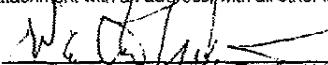


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000000011		
1. Entity Name THE WANVIG FOUNDATION, INC.		
Principal Place of Business 8045 BAY POINTE DRIVE ENGLEWOOD, FL 34224 US	Mailing Address 8045 BAY POINTE DR. ENGLEWOOD, FL 34224	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HINES, JAMES P 315 S HYDE PARK AVE TAMPA, FL 33606		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WANVIG, WALTER L 8045 BAY POINTE DR ENGLEWOOD, FL 34224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WANVIG, DONNA J 8045 BAY POINTE DR ENGLEWOOD, FL 34224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WANVIG, STEPHEN W 449 SOUTH CREEK DRIVE OSPREY, FL 34229	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  WALTER L. WANVIG		3/12/07 941-698-9987 <small>Date Daytime Phone #</small>



02162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0885129	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U000000667834
03/27/07-80006-006 61.25

**DO NOT WRITE
IN THIS SPACE**