

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000011

FILED
Mar 02, 2009
Secretary of State

Entity Name: THE WANVIG FOUNDATION, INC.

Current Principal Place of Business:

7712 CAMMINARE DR
SARASOTA, FL 34238 US

New Principal Place of Business:

Current Mailing Address:

7712 CAMMINARE DR
SARASOTA, FL 34238 US

New Mailing Address:

FEI Number: 65-0885129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, JAMES P
315 S HYDE PARK AVE
TAMPA, FL 33606 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: D () Delete
Name: WANVIG, WALTER L
Address: 8045 BAY POINTE DR
City-St-Zip: ENGLEWOOD, FL 34224

Title: D () Delete
Name: WANVIG, DONNA J
Address: 8045 BAY POINTE DR
City-St-Zip: ENGLEWOOD, FL 34224

Title: D () Delete
Name: WANVIG, STEPHEN W
Address: 449 SOUTH CREEK DRIVE
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WANVIG, WALTER L
Address: 7712 CAMMINARE DR
City-St-Zip: SARASOTA, FL 34238

Title: D (X) Change () Addition
Name: WANVIG, DONNA J
Address: 7712 CAMMINARE DR
City-St-Zip: SARASOTA, FL 34238

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

I hereby certify that the information supplied with this filing does not qualify 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: WALTER L WANVIG

DIRE

03/02/2009

Electronic Signature of Signing Officer or Director

Date