

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000000011

**FILED**  
**Feb 28, 2010**  
**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:**

5763 WILENA PLACE  
SARASOTA, FL 34238 US

**Current Mailing Address:**

7712 CAMMINARE DR  
SARASOTA, FL 34238 US

**New Mailing Address:**

5763 WILENA PLACE  
SARASOTA, FL 34238 US

**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  
Name: WANVIG, WALTER L  
Address: 5763 WILENA PLACE  
City-St-Zip: SARASOTA, FL 34238

Title: D  
Name: WANVIG, DONNA J  
Address: 5763 WILENA PLACE  
City-St-Zip: SARASOTA, FL 34238

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

I hereby 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 all other like empowered.

**SIGNATURE:** WALTER L WANVIG

D

02/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date