

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004560

1. Entity Name

WILDERNESS CHARITY FOUNDATION, INC.

Principal Place of Business

3859 LITTLE COUNTRY ROAD
PARRISH FL 34219

Mailing Address

3859 LITTLE COUNTRY ROAD
PARRISH FL 34219

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

65-0939189

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, EMIL M JR.
3524 WOODLAND FERN DRIVE
PARRISH FL 34219

Name

NANCY A. FOSTER

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

2925 LITTLE COUNTRY ROAD

City

PARRISH

FL

Zip Code

34219

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.

SIGNATURE

Nancy A. Foster

NANCY A. FOSTER - TREASURER 4-24-01

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETRIE, JANE 3859 LITTLE COUNTRY ROAD PARRISH FL 34219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STECK, NANCY 3501 LITTLE COUNTRY ROAD PARRISH FL 34219	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOSTER, NANCY 2925 LITTLE COUNTRY ROAD PARRISH FL 34219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, ELLEN 3007 LITTLE COUNTRY ROAD PARRISH FL 34219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAUB, CHARLENE 3863 LITTLE COUNTRY ROAD PARRISH FL 34219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, EMIL 3524 LITTLE COUNTRY ROAD PARRISH FL 34219	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, ELIZABETH 3417 WILDERNESS BLVD. EAST PARRISH, FL 34219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAYTOS, SANDY 5330 69th STREET EAST PALMETTO, FL 34219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYTON, JERRY 11810 OAK RIDGE DRIVE PARRISH, FL 34219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSTAIN, ROBERT 3512 WILDERNESS BLVD. WEST PARRISH, FL 34219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAMER, DAWN 3010 WILDERNESS BLVD. WEST PARRISH, FL 34219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Nancy A. Foster

NANCY A. FOSTER

4-24-01

941-776-2193

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90067 023 ****61.25



DO NOT WRITE IN THIS SPACE

0074514

CR2E037 (10/00)