


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90012 023 ****61.25

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| DOCUMENT # N99000004560 1. Entity Name WILDERNESS CHARITY FOUNDATION, INC. | | | |  | |
| Principal Place of Business 2925 LITTLE COUNTRY RD. PARRISH, FL 34219 US | | | Mailing Address 2925 LITTLE COUNTRY RD. PARRISH, FL 34219 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 65-0939189 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent FOSTER, NANCY 2925 LITTLE COUNTRY RD. PARRISH, FL 34219 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | \$8.75 Additional Fee Required | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | 10. OFFICERS AND DIRECTORS | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | 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. | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TD WILSON, DEBORAH 3206 WOODLAND FERN DR. PARRISH, FL 34219 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | SD MORRISON, ELIZABETH 2909 WILDERNESS BLVD EAST PARRISH, FL 34219 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | PD FOSTER, NANCY 2925 LITTLE COUNTRY RD. PARRISH, FL 34219 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | D SCMITT, TOM 3502 LITTLE COUNTRY RD. PARRISH, FL 34219 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | D RIVARD, CHERYL 3417 BROOKRIDGE LANE PARRISH, FL 34219 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | D JORDAN, COOKIE 2012 ISLAND ESTATES DR PARRISH, FL 34219 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 3003 WOODLAND FERN DR. | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | SD SCHMITT, JUDY 3502 LITTLE COUNTRY RD. PARRISH, FL 34219 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | D FRYE, JOEY 3200 LITTLE COUNTRY RD. PARRISH, FL 34219 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | D KRATZ, MERCEDES 3406 WILDERNESS BLVD. EAST PARRISH, FL 34219 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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ATTACHMENT

50062968

ADDENDUM

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DOCUMENT # N99000004560

WILDERNESS CHARITY FOUNDATION, INC.

Additions to Block 11, Directors:

D

NOXON, TOM
2803 LITTLE COUNTRY ROAD
PARRISH, FL 34219

D

SANSEVERO, PETER
2995 WILDERNESS BLVD. EAST
PARRISH, FL 34219

D

SEATON, JUNE
3018 WOODLAND FERN DRIVE
PARRISH, FL 34219