

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90058 043 ****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 - No P.O. Box # 3502 Little Country Rd. | | | | 3. Mailing Address Same as #2 | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | |
| City & State Parrish, FL | | | | City & State | |
| Zip 34219 | | Country | | 4. FEI Number 65-0939189 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 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 Linda Powell Street Address (P.O. Box Number is Not Acceptable) 11438 Savannah Lakes Dr. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <i>Linda Powell</i> 3/29/07 <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 \$81.25 Due by May 1, 2007 | | 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 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD WILSON, DEBORAH 3008 WOODLAND FERN DR PARRISH, FL 34219 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD Judy Schmitt 3502 Little Country Rd. Parrish, FL 34219 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD SCHMITT, JUDY 3502 LITTLE COUNTRY RD PARRISH, FL 34219 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD Penny Kobernusz 2326 Little Country Rd. Parrish, FL 34219 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD FOSTER, NANCY 2925 LITTLE COUNTRY RD. PARRISH, FL 34219 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD Linda Powell 11438 Savannah Lakes Dr. Parrish, FL 34219 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D GROSS, RICHARD 3301 WILDERNESS BLVD EAST PARRISH, FL 34219 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D John Putz 11528 Savannah Lakes Dr. Parrish, FL 34219 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D KELLEY, TOBY 3848 LITTLE COUNTRY R PARRISH, FL 34219 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD Syble DiGirolamo 3509 Little Country Rd. Parrish, FL 34219 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <i>Judy Schmitt</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 3/29/07 941-776-3569 <small>Date Daytime Phone #</small> | | |