

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000004560**

1. Entity Name  
**WILDERNESS CHARITY FOUNDATION, INC.**



Principal Place of Business  
**3502 LITTLE COUNTRY RD  
PARRISH, FL 34219 US**

Mailing Address  
**3502 LITTLE COUNTRY RD  
PARRISH, FL 34219 US**

**DO NOT WRITE IN THIS SPACE**



03212008 No Chg-NP CR2E037 (4/06)

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**

**POWELL, LINDA  
11438 SAVANNAH LAKE DR  
PARRISH, FL 34219**

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IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOBERNUSZ, PENNY 2326 LITTLE COUNTRY RD PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHMITT, JUDY 3502 LITTLE COUNTRY RD PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWELL, LINDA 11438 SAVANNAH LAKES DR. PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUTZ, JOHN 11528 SAVANNAH LAKES DR PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIGIROLAMO, SYBLE 3509 LITTLE COUNTRY RD PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, COOKIE 2012 ISLAND ESTATES DR PARRISH, FL 34219

U00000869088  
04/09/08-80034-011 61.25

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IN THIS SPACE**

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:**

*Judy Schmitt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/2/08*  
Date

*94-776-3569*  
Daytime Phone #