2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N99000004560

Entity Name: WILDERNESS CHARITY FOUNDATION, INC.

Current Principal Place of Business:

3502 LITTLE COUNTRY RD
PARRISH, FL 34219 US

New Principal Place of Business:

Current Mailing Address:

3502 LITTLE COUNTRY RD
PARRISH, FL 34219 US

New Mailing Address:

FEI Number: 65-0939189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWELL, LINDA
11438 SAVANNAH LAKE DR
PARRISH, FL 34219 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: SD ( ) Delete
Name: KOBERNUSZ, PENNY
Address: 2326 LITTLE COUNTRY RD
City-St-Zip: PARRISH, FL 34219

Title: TD ( ) Delete
Name: SCHMITT, JUDY
Address: 3502 LITTLE COUNTRY RD
City-St-Zip: PARRISH, FL 34219

Title: PD ( ) Delete
Name: POWELL, LINDA
Address: 11438 SAVANNAH LAKES DR.
City-St-Zip: PARRISH, FL 34219

Title: D ( ) Delete
Name: PUTZ, JOHN
Address: 11528 SAVANNAH LAKES DR
City-St-Zip: PARRISH, FL 34219

Title: D ( ) Delete
Name: DIGIROLAMO, SYBLE
Address: 3509 LITTLE COUNTRY RD
City-St-Zip: PARRISH, FL 34219

Title: D ( ) Delete
Name: JORDAN, COOKIE
Address: 2012 ISLAND ESTATES DR
City-St-Zip: PARRISH, FL 34219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LINDA POWELL PD 01/08/2009

Electronic Signature of Signing Officer or Director — Date