

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90023 035 ****61.25

0022479

DOCUMENT # N99000007073

1. Entity Name

STETSON WESLEY FOUNDATION, INC.

Principal Place of Business

520 N. WOODLAND BOULEVARD
 DELAND FL 32720

Mailing Address

520 N. WOODLAND BOULEVARD
 DELAND FL 32720

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1225389

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNCAN, MONTFORT C JR.
 303 E. KENTUCKY AVENUE
 DELAND FL 32724

7. Name and Address of New Registered Agent

Name

CURRY, EWAYNE

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

303 E. Kentucky Ave.

City

DeLand

FL

Zip Code

32724

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

Montfort C. Duncan, Jr.

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

(NOTE: Registered Agent signature required when reinstating)

MONTFORT C. DUNCAN, JR.

4/10/01

**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

TITLE	D	<input type="checkbox"/> Delete
NAME	GUILLES, CYNTHIA M	
STREET ADDRESS	406 SOFT SHADOW LANE	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LAIL, NANCY	
STREET ADDRESS	601 N KENTUCKY AVE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KELLEY, JANET	
STREET ADDRESS	408 BLACK OAK LANE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DELKER, MELISSA	
STREET ADDRESS	1067 E NORMANY BLVD	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DEXTER, ANDREW	
STREET ADDRESS	469 FOOT HILL FARMS ROAD	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guiles, Cynthia M.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rea, Mike	
STREET ADDRESS	734 Edgewild Ct.	
CITY-ST-ZIP	Orange City, FL 32763	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3021 Blaine Circle	
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grelle, Barbara	
STREET ADDRESS	17 Dolphin Ave.	
CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Cynthia M. Guiles / **Cynthia M. Guiles, Director** 4/10/01 (904) 734-4564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)