

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 26, 2005  
Secretary of State**

DOCUMENT# N99000007073

Entity Name: STETSON WESLEY FOUNDATION, INC.

**Current Principal Place of Business:**

520 N. WOODLAND BOULEVARD  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

520 N. WOODLAND BOULEVARD  
DELAND, FL 32720

**New Mailing Address:**

FEI Number: 59-1225389      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CURRY, WAYNE E  
303 E. KENTUCKY AVENUE  
DELAND, FL 32724 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: D ( ) Delete  
Name: GUILLES, CYNTHIA M  
Address: 406 SOFT SHADOW LANE  
City-St-Zip: DEBARY, FL 32713

Title: PD ( ) Delete  
Name: OTTINGER, WILLIAM  
Address: 1118 ROSETTA DR  
City-St-Zip: DELTONA, FL 32725

Title: VD ( ) Delete  
Name: BERG, LAURA  
Address: 205 RANKEN DR  
City-St-Zip: EDGEWATER, FL 32141

Title: TD ( ) Delete  
Name: GRELLE, BARBARA  
Address: 17 DOLPHIN AVE  
City-St-Zip: ORMOND BEACH, FL 32176

Title: SD ( ) Delete  
Name: WRIGHT, MARLENE  
Address: 1399 AZORA DR  
City-St-Zip: DELTONA, FL 32725

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CYNTHIA M. GUILLES

D

04/26/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date