

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

0011525

06-02-2003 90192 002 \*\*\*\*61.25

**DOCUMENT # N99000007073**



1. Entity Name  
**STETSON WESLEY FOUNDATION, INC.**

Principal Place of Business      Mailing Address  
**520 N. WOODLAND BOULEVARD**      **520 N. WOODLAND BOULEVARD**  
**DELAND FL 32720**      **DELAND FL 32720**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-1225389**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**CURRY, WAYNE E**  
**303 E. KENTUCKY AVENUE**  
**DELAND FL 32724**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$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 **D**       Delete  
NAME **GUILES, CYNTHIA M**  
STREET ADDRESS **408 SOFT SHADOW LANE**  
CITY-ST-ZIP **DEBARY FL 32713**

TITLE **VP**       Change       Addition  
NAME **Berg, Laura**  
STREET ADDRESS **205 Ranken Dr**  
CITY-ST-ZIP **Edgewater, FL 32141**

TITLE **VD**       Delete  
NAME **OTTINGER, WILLIAM**  
STREET ADDRESS **1118 ROSETTA DR**  
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **PD**       Change       Addition  
NAME **Ottinger, William**  
STREET ADDRESS **1118 Rosetta Dr.**  
CITY-ST-ZIP **Deltona FL 32725**

TITLE **PD**       Delete  
NAME **DELKER, MELISSA**  
STREET ADDRESS **3021 BLAIRE CIRCLE**  
CITY-ST-ZIP **DELTONA FL 32738**

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD**       Delete  
NAME **GRELLE, BARBARA**  
STREET ADDRESS **17 DOLPHIN AVE**  
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD**       Delete  
NAME **WRIGHT, MARLENE**  
STREET ADDRESS **1399 AZORA DR**  
CITY-ST-ZIP **DELTONA FL 32725**

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       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: *SIGNATURE Cynthia M. Guilès*      **4/14/03 (386) 734-4564**

CR2E037 (10/02)