

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766322

Entity Name: WYOMING PHILANTHROPIC TRUST, INC.**Current Principal Place of Business:**9045 STRADA STELL COURT
SUITE 500
NAPLES, FL 34109**Current Mailing Address:**9045 STRADA STELL COURT
SUITE 500
NAPLES, FL 34109 US**FEI Number:** 59-2290272**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICES COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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**Officer/Director Detail :**

Title	DP
Name	COLLIER II, BARRON G
Address	9045 STRADA STELL COURT SUITE 500
City-State-Zip:	NAPLES FL 34109
Title	D, EVP
Name	THOMAS, WILLIAM E
Address	9045 STRADA STELL COURT, STE 500
City-State-Zip:	NAPLES FL 34109
Title	V
Name	LENZNER, MICHAEL B
Address	9045 STRADA STELL COURT, STE 500
City-State-Zip:	NAPLES FL 34109

Title	D
Name	SIMPSON, WILLIAM L
Address	1135 14TH ST
City-State-Zip:	CODY WY 82414
Title	D
Name	COLLIER, THERESA A
Address	9045 STRADA STELL COURT, STE 500
City-State-Zip:	NAPLES FL 34109
Title	T,S
Name	WALKER, SANDRA D
Address	9045 STRADA STELL COURT, STE 500
City-State-Zip:	NAPLES FL 34109

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM E. THOMAS**DIRECTOR****04/10/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date