

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 16 AM 11:10

DOCUMENT # 720146 (0)

1. Corporation Name

CHURCH IN THE WILDWOOD (CHRISTIAN), INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10051 COUNTRY ROAD
BROOKSVILLE FL 34613

Mailing Address

10051 COUNTRY ROAD
BROOKSVILLE FL 34613

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1971

3a. Date of Last Report

02/18/1994

4. FEI Number

59-2355849

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TONKIN, GEOFFREY
7496 BIRDLAND CRESENT
SPRING HILL FL 34607

10. Name and Address of New Registered Agent

81 Name

M. Grew David

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

4644 Keysville Av

83

84 City

Spring Hill

FL

85 Zip Code

34608

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when translating)

DAVID M. M'GREW

2/14/95

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	FARQUHAR, DENNIS
STREET ADDRESS	3303 CORONET COURT
CITY-ST-ZIP	SPRING HILL FL
TITLE	PD
NAME	MILLER, JOE
STREET ADDRESS	6104 FREEPORT DRIVE
CITY-ST-ZIP	SPRING HILL FL
TITLE	TD
NAME	TONKIN, GEOFFREY
STREET ADDRESS	7496 BIRDLAND CRESENT
CITY-ST-ZIP	SPRING HILL FL
TITLE	VD
NAME	LANE, NILES
STREET ADDRESS	9358 SALISBURY DR.
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	☒ Change ☒ Addition
1.2 NAME	DAVID M. M'GREW	
1.3 STREET ADDRESS	4644 KEYSVILLE AV.	
1.4 CITY-ST-ZIP	SPRING HILL, FL 34608	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TT	☒ Change ☐ Addition
3.2 NAME	NORTHCUTT, RAY	
3.3 STREET ADDRESS	7507 BUNDEE WAY	
3.4 CITY-ST-ZIP	BROOKSVILLE, FL 34613	
4.1 TITLE	VD	☒ Change ☐ Addition
4.2 NAME	O'CONNOR, JOHN	
4.3 STREET ADDRESS	12350 BIRCH ST.	
4.4 CITY-ST-ZIP	BROOKSVILLE, FL 34613	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID M. M'GREW, MD 3/8/95 (904)

Date

Daytime Phone

576-4388

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