

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720146

FILED
Feb 27, 2008
Secretary of State

Entity Name: CHURCH IN THE WILDWOOD (CHRISTIAN), INC.

Current Principal Place of Business:

10051 COUNTRY ROAD
BROOKSVILLE, FL 34613

New Principal Place of Business:

Current Mailing Address:

10051 COUNTRY ROAD
BROOKSVILLE, FL 34613

New Mailing Address:

FEI Number: 59-2355849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGREW, DAVID MD
4644 KEYSVILLE AVE
SPRING HILL, FL 34608 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: HARRINGTON, JERRY
Address: 16068 BULLIS DRIVE
City-St-Zip: BROOKSVILLE, FL 34614

Title: PD () Delete
Name: MCGREW, DAVID MD
Address: 4644 KEYSVILLE AVE
City-St-Zip: SPRING HILL, FL 34608

Title: VD () Delete
Name: PHELPS, MARVIN
Address: 14456 MIDDLE FAIRWAY DRIVE
City-St-Zip: BROOKSVILLE, FL 34609

Title: D () Delete
Name: PARDUE, DAVID
Address: 14395 CENTRALIA RD
City-St-Zip: BROOKSVILLE, FL 34614

Title: SD () Delete
Name: BEASON, ROBERT
Address: 11118 TILBURG STREET
City-St-Zip: SPRING HILL, FL 34608

Title: TD () Delete
Name: JACKSON, RANDY
Address: 8211 FLORAL DR
City-St-Zip: SPRING HILL, FL 34607

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
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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 exemption stated in Chapter 119, 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: DAVID MCGREW

PD

02/27/2008

Electronic Signature of Signing Officer or Director

Date