

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

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90238 014 ****61.25

DOCUMENT # N50212



1. Entity Name
THE WICCAN RELIGIOUS COOPERATIVE OF FLORIDA, INC

Principal Place of Business

**3208-C E. HWY 50
SUITE 202
ORLANDO FL 32803
US**

Mailing Address

**3208-C E. HWY 50
SUITE 202
ORLANDO FL 32803
US**

10023300



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3135173**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MORCROFT, HEATHER
228 PARK AVENUE NORTH
SUITE B
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name
Morcroft, Heather
Street Address (P.O. Box Number is Not Acceptable)
100 E. Robinson St.
Orlando, FL
City **FL** Zip Code **32801**

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 *Heather Morcroft*

2/16/03

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

(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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORCROFT, HEATHER	
STREET ADDRESS	3208-C E. HWY 50, #202	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	JORDON, VERONICA	
STREET ADDRESS	3208-C E. HWY 50, #202	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MEALEY, RAYMOND	
STREET ADDRESS	3208-C E. HWY 50, #202	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	DBM	<input type="checkbox"/> Delete
NAME	HADDOCK, PETER	
STREET ADDRESS	3208-C E. HWY 50, #202	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	same	
STREET ADDRESS	same	
CITY-ST-ZIP	same	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kimberly Gers	
STREET ADDRESS	3208-C E. HWY 50, #202	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Heather Morcroft*

2/16/03

407-325-0585

CR2E037 (10/02)