

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 AUG 18 AM 9:10

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # N98000003381 ✓  
 1. Corporation Name  
Church of Christ of Wildwood, Inc

Principal Place of Business      Mailing Address  
209 Jackson St. Wildwood FL  
32785

21. Principal Place of Business <u>same as above</u>	2a. Mailing Address <u>same as above</u>	3. Date incorporated or Qualified <u>6-1-98</u>
22. City & State	27. City & State	4. FEI Number <u>59-3480797</u>
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <u>Gene Baker</u> <u>5901 NW 56th Terr</u> <u>OC19, FL 34482</u>	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.  
 SIGNATURE Gene Baker ASST. Minister      DATE 8-13-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u>Minister</u> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Tommy Walter</u>	1.2 NAME	
STREET ADDRESS	<u>P.O. Box 54</u>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<u>Center Hill, FL 33514</u>	1.4 CITY-ST-ZIP	
TITLE	<u>ASST. Minister</u> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Gene Baker</u>	2.2 NAME	
STREET ADDRESS	<u>5901 NW 56th Terr</u>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<u>OC19, FL 34482</u>	2.4 CITY-ST-ZIP	
TITLE	<u>Treasurer</u> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Morrison Walter</u>	3.2 NAME	
STREET ADDRESS	<u>P.O. Box 54</u>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<u>Center Hill, FL 33514</u>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gene Baker      Gene Baker      DATE 8-13-99 (352) 629-3450

CR2E037 (1/98)