


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90021 049 ****70.00

DOCUMENT # N98000003387
 1. Entity Name
CHURCH OF CHRIST OF WILDWOOD, INC.



Principal Place of Business
 5901 NW 56TH TERR
 Ocala, FL 34482

Mailing Address
 5901 NW 56TH TERR
 Ocala, FL 34482

54037902



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03102004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-3480797

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

BAKER, GENE
 5901 NW 56TH TERR.
 Ocala, FL 34482

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 Gene Baker DATE 4/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

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	D	<input type="checkbox"/> Delete
NAME	WALTER, TOMMY	
STREET ADDRESS	P.O. BOX 54	
CITY-ST-ZIP	CENTER HILL, FL 33514	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, GENE	
STREET ADDRESS	5901 NW 56TH TERR	
CITY-ST-ZIP	OCALA, FL 34482	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTER, MORRIANE	
STREET ADDRESS	P.O. BOX 54	
CITY-ST-ZIP	CENTER HILL, FL 33514	
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		<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: Gene Baker DATE 4/20/04 (352) 629-3450
Signature and typed or printed name of signing officer or director. Daytime Phone #