

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Martinez
Secretary of State
Tallahassee, FL 32399-0400

DOCUMENT # N50212 (2)

THE WICCAN RELIGIOUS COOPERATIVE OF FLORIDA, INC

Principal Place of Business
3906 S. SEMORAN BLVD.
SUITE 116
ORLANDO FL 32822

Mailing Address
3906 S. SEMORAN BLVD
SUITE 116
ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/04/1992

3a. Date of Last Report
03/02/1994

4. FEI Number
59-3135173

Applied For
Not Applicable

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

MORCROFT, HEATHER
3936 S. SEMORAN BLVD STE. 116
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

11 TITLE
NAME D
STREET ADDRESS NEWSTROM, LEWIS
CITY, ST, ZIP 3936 S. SEMORAN BLVD., STE 116
ORLANDO FL

12 TITLE
NAME DP
STREET ADDRESS LA COUR, SUZANNE
CITY, ST, ZIP 3936 S. SEMORAN BLVD 116
ORLANDO FL

13 TITLE
NAME DV
STREET ADDRESS MORCROFT, HEATHER
CITY, ST, ZIP 3936 S. SEMORAN BLVD 116
ORLANDO FL

14 TITLE
NAME D
STREET ADDRESS MORRIS, REBECCA
CITY, ST, ZIP 3936 S. SEMORAN BLVD SUITE 116
ORLANDO FL 32822

15 TITLE
NAME D
STREET ADDRESS JORDAN, VERONICA
CITY, ST, ZIP 3936 S. SEMORAN BLVD SUITE 116
ORLANDO FL

16 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

Delete

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

32822

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

32822

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

Change Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

32822

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

Change Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(k), 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 resident partner empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature

Signature