

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

Feb 26 1996 8:00 am
Secretary of State

DOCUMENT # **N50212** (2)
1. Corporation Name
THE WICCAN RELIGIOUS COOPERATIVE OF FLORIDA, INC

Principal Place of Business

Mailing Address

**3936 S. SEMORAN BLVD.
SUITE 116
ORLANDO FL 36822**

**3936 S. SEMORAN BLVD.
SUITE 116
ORLANDO FL 36822**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc. Suite 433		26 Suite, Apt. #, etc. Suite 433		08/04/1992		05/01/1995	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip 32822 Country		28 Zip 32822 Country		59-3135173		Not Applicable	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

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

81 Name **Veronica Jordan**
82 Street Address (P.O. Box Number Is Not Acceptable)
3936 S Semoran Blvd, Suite 433
83
84 City **Orlando** FL 85 Zip Code **32822**

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 *Veronica Jordan* **Veronica Jordan** 1-21-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LA COUR, SUZANNE	1.2 NAME	D/P
STREET ADDRESS	3936 S. SEMORAN BLVD 116	1.3 STREET ADDRESS	Veronica Jordan Orlando, FL
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	3936 S Semoran Blvd, Suite 433
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORCROFT, HEATHER	2.2 NAME	Rebecca Morris
STREET ADDRESS	3936 S. SEMORAN BLVD 116	2.3 STREET ADDRESS	3936 S Semoran Blvd, Suite 433
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32822
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, REBECCA	3.2 NAME	Humberto Serrano
STREET ADDRESS	3936 S. SEMORAN BLVD SUITE 116	3.3 STREET ADDRESS	3936 S Semoran Blvd, Suite 433
CITY-ST-ZIP	ORLANDO FL 32822	3.4 CITY-ST-ZIP	Orlando, FL 32822
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORDAN, VERONICA	4.2 NAME	Patricia Noah
STREET ADDRESS	3936 S. SEMORAN BLVD SUITE 116	4.3 STREET ADDRESS	3936 S Semoran Blvd, Suite 433
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando, FL 32822
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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.

SIGNATURE: *Veronica Jordan* **Veronica Jordan** 1-21-96 (407) 623-9440
Signature and typed or printed name of signing officer or director Date Day/Time Phone #

CR2E037 (12/95)