2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50212

FILED Jan 19, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

3208-C E. HWY 50 SUITE 202

ORLANDO, FL 32803 US

Current Mailing Address: New Mailing Address:

3208-C E. HWY 50 SUITE 202

ORLANDO, FL 32803 US

FEI Number: 59-3135173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORCROFT, HEATHER BONK, THOMAS J 100 E. ROBINSON ST. 303 BARCLAY AVE

ORLANDO, FL 32801 US ALTAMONTE SPRINGS, FL 32701 US

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.

SIGNATURE: THOMAS J BONK 01/19/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: VD () Delete Title: TD (X) Change () Addition

 Name:
 MORCROFT, HEATHER
 Name:
 BONK, THOMAS J

 Address:
 3208-C E. HWY 50, #202
 Address:
 303 BARCLAY AVE

 City-St-Zip:
 ORLANDO, FL 32803 US
 City-St-Zip:
 ORLANDO, FL 32701 US

Title: SD () Delete Title: SD (X) Change () Addition Name: HADDOCK, PETER Name: FERBER, VICKI

 Address:
 3208-C E. HWY 50, #202
 Address:
 3208-C E. HWY 50, #202

 City-St-Zip:
 ORLANDO, FL 32803 US
 City-St-Zip:
 ORLANDO, FL 32803 US

Title: PTD () Delete Title: PD (X) Change () Addition
Name: GERS. KIMBERLY Name: GERS. KIMBERLY

 Name:
 GERS, KIMBERLY
 Name:
 GERS, KIMBERLY

 Address:
 3208- CE HWY 50 202
 Address:
 3208- CE HWY 50 202

 City-St-Zip:
 ORLANDO, FL 32803
 City-St-Zip:
 ORLANDO, FL 32803

Title: () Delete Title: VD () Change (X) Addition

 Name:
 Name:
 MATTHEWS, JOSEPH

 Address:
 3208- CE HWY 50 202

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J BONK TD 01/19/2007