

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

DOCUMENT # 720146 (0)

1. Corporation Name

CHURCH IN THE WILDWOOD (CHRISTIAN), INC.



Principal Place of Business

Mailing Address

10051 COUNTRY ROAD
BROOKSVILLE FL 34613

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BROOKSVILLE FL 34613

3. Date Incorporated or Qualified
01/29/1971

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2355849

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGREW, DAVID
4644 KEYSVILLE AVE
SPRING HILL FL 34808

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 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

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 CD DELETE
NAME MCGREW, DAVID M
STREET ADDRESS 4844 KEYSVILLE AVE
CITY-ST-ZIP SPRING HILL FL

1.1 TITLE C/D/Tr Change Addition
1.2 NAME SAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD DELETE
NAME MILLER, JOE
STREET ADDRESS 6104 FREEPORT DRIVE
CITY-ST-ZIP SPRING HILL FL

2.1 TITLE D/Tr Change Addition
2.2 NAME Heffren, Victor
2.3 STREET ADDRESS 8967 Lismore Ct.
2.4 CITY-ST-ZIP Brooksville, FL 34613

TITLE TTR DELETE
NAME NORTHUTT, RAY
STREET ADDRESS 7507 DUNDEE WAY
CITY-ST-ZIP BROOKSVILLE FL

3.1 TITLE S/T/D/Tr Change Addition
3.2 NAME SAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD DELETE
NAME O'CONNOR, JOHN
STREET ADDRESS 12350 BIRCH ST
CITY-ST-ZIP BROOKSVILLE FL

4.1 TITLE V/D/Tr Change Addition
4.2 NAME SAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE D/Tr Change Addition
5.2 NAME P. David Pardue
5.3 STREET ADDRESS 14395 Centralia Rd.
5.4 CITY-ST-ZIP Brooksville, FL 34614

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID M. MCGREW

2/18/96

(352) 596-1188

CR2E037 (12/95)