

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

10051 COUNTRY ROAD  
BROOKSVILLE FL 34613

Mailing Address

10051 COUNTRY ROAD  
BROOKSVILLE FL 34613-3264

3. Date Incorporated or Qualified  
01/29/1971

3a. Date of Last Report  
02/23/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-2355849

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGREW, DAVID  
4644 KEYSVILLE AVE  
SPRING HILL FL 34608

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 CDT  DELETE  
NAME MCGREW, DAVID M  
STREET ADDRESS 4644 KEYSVILLE AVE  
CITY-ST-ZIP SPRING HILL FL

1.1 TITLE CDT TR  Change  Addition  
1.2 NAME McGrew, David M  
1.3 STREET ADDRESS 4644 Keysville Ave  
1.4 CITY-ST-ZIP Spring Hill, FL 34608

TITLE DT  DELETE  
NAME HEFFREN, VICTOR  
STREET ADDRESS 8967 LISMORE COURT  
CITY-ST-ZIP BROOKSVILLE FL

2.1 TITLE DTR  Change  Addition  
2.2 NAME Heffren, Victor  
2.3 STREET ADDRESS 8967 Lismore Court  
2.4 CITY-ST-ZIP Brooksville, FL 34613

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

3.1 TITLE S D TR  Change  Addition  
3.2 NAME Northcutt, Ray  
3.3 STREET ADDRESS 7507 Dundee Way  
3.4 CITY-ST-ZIP Brooksville, FL 34613

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

4.1 TITLE VDTR  Change  Addition  
4.2 NAME O'Connor, John  
4.3 STREET ADDRESS 12350 Birch St  
4.4 CITY-ST-ZIP Brooksville FL 34613

TITLE DT  DELETE  
NAME PARDUE, DAVID  
STREET ADDRESS 14395 CENTRALIA RD  
CITY-ST-ZIP BROOKSVILLE FL 34614

5.1 TITLE DTR  Change  Addition  
5.2 NAME Pardue, David  
5.3 STREET ADDRESS 14395 Centralia Road  
5.4 CITY-ST-ZIP Brooksville, FL 34614

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE DTR  Change  Addition  
6.2 NAME Heitkamp, Dean  
6.3 STREET ADDRESS 13067 Fellowship Ln  
6.4 CITY-ST-ZIP Brooksville, FL 34614

14. I do 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 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)*

3/2/97

352 506-1222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

CR2E037 (9/96)