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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 720146

1. Corporation Name

CHURCH IN THE WILDWOOD (CHRISTIAN), INC.

Principal Place of Business

Mailing Address

10051 COUNTRY ROAD
 BROOKSVILLE FL 34613

10051 COUNTRY ROAD
 BROOKSVILLE FL 34613



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/29/1971	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2355849	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

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
85	Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	PTDCR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGREW, DAVID M	1.2 NAME	OTHER INFO THE SAME
STREET ADDRESS	4644 KEYSVILLE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	
TITLE	CDT <input type="checkbox"/> DELETE	2.1 TITLE	D/TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEFFREN, VICTOR	2.2 NAME	OTHER INFO THE SAME
STREET ADDRESS	8967 LISMORE COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	2.4 CITY-ST-ZIP	
TITLE	SDTR <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/B/TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORTHCUTT, RAY	3.2 NAME	JOE MILLER
STREET ADDRESS	7507 DUNDEE WAY	3.3 STREET ADDRESS	6104 Airport Dr
CITY-ST-ZIP	BROOKSVILLE FL	3.4 CITY-ST-ZIP	Spring Hill, FL 34607
TITLE	VDT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D/TR/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'CONNOR, JOHN	4.2 NAME	MIKE KOLOWSKI
STREET ADDRESS	12350 BIRCH ST	4.3 STREET ADDRESS	13445 South Majestic Point
CITY-ST-ZIP	BROOKSVILLE FL	4.4 CITY-ST-ZIP	Florida City, FL 34436
TITLE	DTR <input type="checkbox"/> DELETE	5.1 TITLE	D/TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARDUE, DAVID	5.2 NAME	OTHER INFO THE SAME.
STREET ADDRESS	14395 CENTRALIA RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: DAVID MCGREW 1/10/99 352-666-4216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/99)