


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90004 006 ****70.00

DOCUMENT # 720146					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05052005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2355849	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCGREW, DAVID MD 4644 KEYSVILLE AVE SPRING HILL, FL 34608			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEASON, ROBERT		NAME		
STREET ADDRESS	1118 TILBURY ST.		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34608		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGREW, DAVID MD		NAME		
STREET ADDRESS	4644 KEYSVILLE AVE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34608		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHOLS, MICHAEL		NAME		
STREET ADDRESS	13846 FELLOWSHIP LANE		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34614		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARDUE, DAVID		NAME		
STREET ADDRESS	14395 CENTRALIA RD		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34614		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHELPS, HANK		NAME	Helmuth, Tim	
STREET ADDRESS	836 VILLAGE DR		STREET ADDRESS	13389 MOON ROAD	
CITY-ST-ZIP	BROOKSVILLE, FL 34601		CITY-ST-ZIP	Brooksville, FL 34613	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, RANDY		NAME		
STREET ADDRESS	8211 FLORAL DR		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34607		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			Date: 5/5/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		