2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#720146

FILED May 08, 2006 Secretary of State

Entity Name: CHURCH IN THE WILDWOOD (CHRISTIAN), INC.

Current Principal Place of Business: New Principal Place of Business: 10051 COUNTRY ROAD BROOKSVILLE, FL 34613 **Current Mailing Address: New Mailing Address:** 10051 COUNTRY ROAD BROOKSVILLE, FL 34613 FEI Number: 59-2355849 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCGREW, DAVID MD 4644 KEYSVILLE AVE SPRING HILL, FL 34608 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DS (X) Change () Addition () Delete BEASON, ROBERT HARRINGTON, JERRY Name: Name: 1118 TILBURY ST. Address: 16068 BULLIS DRIVE Address: City-St-Zip: SPRING HILL, FL 34608 City-St-Zip: BROOKSVILLE, FL 34614 Title: PD () Delete Title: () Change () Addition MCGREW, DAVID MD Name: Name: Address: 4644 KEYSVILLE AVE Address: City-St-Zip: SPRING HILL, FL 34608 City-St-Zip: Title: VD. () Delete Title: () Change () Addition ECHOLS, MICHAEL Name: Name: 13846 FELLOWSHIP LANE Address: Address: City-St-Zip: BROOKSVILLE, FL 34614 City-St-Zip: Title: () Delete Title: () Change () Addition PARDUE, DAVID Name: Name: Address: 14395 CENTRALIA RD Address: City-St-Zip: BROOKSVILLE, FL 34614 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition HELMUTH, TIM HELMUTH, TIM Name: Name: 13389 MOON ROAD 13389 MOON ROAD Address: Address: BROOKSVILLE, FL 34613 City-St-Zip: City-St-Zip: BROOKSVILLE, FL 34613 Title: () Delete Title: () Change () Addition JACKSON, RANDY Name: Name: Address: 8211 FLORAL DR Address: SPRING HILL, FL 34607 City-St-Zip: City-St-Zip:

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: DAVID M. MCGREW, M.D. PRES 05/08/2006