
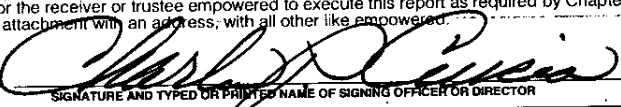


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90037 030 \*\*\*\*61.25

<b>DOCUMENT # 728983</b>			
1. Entity Name <b>THE CHURCH OF WISDOM, INC.</b>			
Principal Place of Business 940 SILVER MINE ROAD PO BOX 70 MCCAYSVILLE, GA 30555 US		Mailing Address 940 SILVER MINE ROAD PO BOX 70 MCCAYSVILLE, GA 30555 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HAYES, PATRICIA 3660 23RD SW NAPLES, FL 34117		Name: <b>Charles P. Curcio</b> Street Address (P.O. Box Number is Not Acceptable) <b>734 Cable Beach Lane</b> City: <b>No. Palm Beach FL</b> Zip Code: <b>33408</b>	
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 (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	PD HAYES, PATRICIA P.O. BOX 70 N/A MCCAYSVILLE, GA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Charles P. Curcio Po Box 1119 McCaysville, GA 30555 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SMITH, MARSHALL L. P.O. BOX 70 N/A MCCAYSVILLE, GA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Kimberly P. Curcio Po Box 1119 McCaysville, GA 30555 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAYES, KELLY P.O. BOX 489 N/A MCCAYSVILLE, GA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>2/4/04</b> Daytime Phone #: <b>706-492-4264</b>	

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02042004 Chg-NP CR2E037 (10/03)

4. FEI Number **59-6539490** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required