

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 11, 2009
Secretary of State**

DOCUMENT# 728983

Entity Name: THE CHURCH OF WISDOM, INC.

Current Principal Place of Business:

725 OLD SILVER MINE ROAD
MCCAYSVILLE, GA 30555 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1119
MCCAYSVILLE, GA 30555 US

New Mailing Address:

FEI Number: 59-6539490 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURCIO, CHARLES P
734 CABLE BEACH LANE
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: CURCIO, CHARLES P
Address: 207 DELPHI HILLS LANE
City-St-Zip: MC CAYSVILLE, GA 30555

Title: VSD () Delete
Name: CURCIO, KIMBERLY P
Address: P.O. BOX 1119
City-St-Zip: MC CAYSVILLE, GA 30555

Title: TD () Delete
Name: HAYES, KELLY,
Address: P.O. BOX 489
City-St-Zip: MCCAYSVILLE, GA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES P CURCIO

PD

02/11/2009

Electronic Signature of Signing Officer or Director

_____ Date