

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 730386

1. Entity Name
TRINITY BAPTIST CHURCH OF WILDWOOD, INC.



Principal Place of Business
**3305 E 468
WILDWOOD, FL 34785 US**

Mailing Address
**3305 E 468
WILDWOOD, FL 34785 US**



01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7425695

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**REICHARD, JENNIFER
3212 CR 521
WILDWOOD, FL 34785**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000533206
01/18/07-800005-023 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REICHARD, MARK 3212 CR 521 WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CURTIS, TONY 108 SOUTH TRUETT STREET LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCEL RATH, FRANKLIN 3316 NE 17TH DR WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REICHARD, JENNIFER 3212 CR 521 WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Jennifer Reichard **Jennifer Reichard** 1/10/07 (352) 748-3752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #