

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90008 013 ****61.25

DOCUMENT # 739985

1. Entity Name

WILDWOOD ASSEMBLY OF GOD, INC.



Principal Place of Business

1308 CLEVELAND AVE.
WILDWOOD FL 34785

Mailing Address

1308 CLEVELAND AVE.
WILDWOOD FL 34785

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number
59-1975704

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKER, DANIEL R., REV.
~~1400~~ BROKEN OAK DRIVE
WILDWOOD FL 34785

Name

Street Address (P.O. Box Number is Not Acceptable)

1413 BROKEN OAK DRIVE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **VD** ☒ Delete
NAME **BROWN, FRED**
STREET ADDRESS **4811 CR 117A**
CITY-ST-ZIP **WILDWOOD FL 34785**

TITLE **D** ☐ Delete
NAME **THORPE, CHARLES**
STREET ADDRESS **873 BELLE OAK**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **CP** ☐ Delete
NAME **PARKER, DANIEL R REV**
STREET ADDRESS **1400 BROKEN OAK DR.**
CITY-ST-ZIP **WILDWOOD FL 34785**

TITLE **D** ☐ Delete
NAME **MCELROY, GREG**
STREET ADDRESS **4909 CR. 118**
CITY-ST-ZIP **WILDWOOD FL 34785**

TITLE **SD** ☒ Delete
NAME **HARTMAN, BILL**
STREET ADDRESS **2080 JASPER WAY**
CITY-ST-ZIP **THE VILLAGES FL 32162**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☒ Change ☐ Addition
NAME **THORPE, CHARLES**
STREET ADDRESS **748 S. HWY. 441**
CITY-ST-ZIP **LADY LAKE, FL 32159**

TITLE **CP** ☒ Change ☐ Addition
NAME **PARKER, DANIEL R. REV.**
STREET ADDRESS **1413 BROKEN OAK DR.**
CITY-ST-ZIP **WILDWOOD, FL 34785**

TITLE **D** ☐ Change ☒ Addition
NAME **HUNLOCK, MYRON**
STREET ADDRESS **3446 PICCIOLA CUTOFF RD.**
CITY-ST-ZIP **FRUITLAND PARK, FL 34731**

TITLE **DS** ☐ Change ☒ Addition
NAME **ARNOLD, WILLIAM**
STREET ADDRESS **35236 CROSS ST.**
CITY-ST-ZIP **FRUITLAND PARK, FL 34731**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Daniel R Parker

3/2/6

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