

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90036 046 ****61.25

DOCUMENT # 739985

1. Entity Name

WILDWOOD ASSEMBLY OF GOD, INC.



Principal Place of Business

Mailing Address

1308 CLEVELAND AVE.
WILDWOOD FL 34785

1308 CLEVELAND AVE.
WILDWOOD FL 34785



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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.
1413 BROKEN OAK DR
WILDWOOD FL 34785

Name

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

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, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT ☐ Delete
NAME THORPE, CHARLES
STREET ADDRESS 748 S HWY 441
CITY- ST- ZIP LADY LAKE FL 32169

TITLE DT ☒ Change ☐ Addition
NAME THORPE, CHARLES
STREET ADDRESS 9871 CR 121
CITY- ST- ZIP WILDWOOD FL 34785

TITLE CP ☐ Delete
NAME PARKER, DANIEL R REV
STREET ADDRESS 1413 BROKEN OAK DR
CITY- ST- ZIP WILDWOOD FL 34785

TITLE D ☐ Change ☒ Addition
NAME BRADFORD BOB
STREET ADDRESS 529 SE 39TH AVE.
CITY- ST- ZIP OCALA, FL 34771

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

TITLE D ☐ Change ☒ Addition
NAME THOMAS, CHRIS
STREET ADDRESS 317 W. PARKHILL AVE.
CITY- ST- ZIP BUSHNELL, FL 33513

TITLE DS ☐ Delete
NAME ARNOLD, WILLIAM
STREET ADDRESS 35236 CROSS ST
CITY- ST- ZIP FRUITLAND PARK FL 34731

TITLE D ☐ Change ☒ Addition
NAME ROOF, DON
STREET ADDRESS 2562 NE 77TH RD.
CITY- ST- ZIP WILDWOOD, FL 34785

TITLE D ☐ Delete
NAME HUNLOCK, MYRON
STREET ADDRESS 3446 PICIOLA CUTOFF RD
CITY- ST- ZIP FRUITLAND PARK FL 34731

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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 firms empowered.

SIGNATURE:

Daniel R Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-27-07 352 748-1022