

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739985

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: WILDWOOD ASSEMBLY OF GOD, INC.

## Current Principal Place of Business:

1308 CLEVELAND AVE.  
WILDWOOD, FL 34785

## New Principal Place of Business:

## Current Mailing Address:

1308 CLEVELAND AVE.  
WILDWOOD, FL 34785

## New Mailing Address:

FEI Number: 59-1975704

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARKER, DANIEL R., REV.  
1413 BROKEN OAK DR  
WILDWOOD, FL 34785 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: DT ( ) Delete  
Name: THORPE, CHARLES  
Address: 9871 CR 121  
City-St-Zip: WILDWOOD, FL 34785

Title: CP ( ) Delete  
Name: PARKER, DANIEL R REV  
Address: 1413 BROKEN OAK DR  
City-St-Zip: WILDWOOD, FL 34785

Title: D ( ) Delete  
Name: MCELROY, GREG  
Address: 4909 CR. 118  
City-St-Zip: WILDWOOD, FL 34785

Title: DS ( ) Delete  
Name: ARNOLD, WILLIAM  
Address: 35236 CROSS ST  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: D ( ) Delete  
Name: THOMAS, CHRIS  
Address: 317 W PARK HILL AVE  
City-St-Zip: BUSHNELL, FL 33513

Title: D ( ) Delete  
Name: BRADFORD, BOB  
Address: 529 SE 39TH AVE  
City-St-Zip: OCALA, FL 34771

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change ( ) Addition  
Name: MCELROY, GREG  
Address: 4909 CR. 118  
City-St-Zip: WILDWOOD, FL 34785

Title: D (X) Change ( ) Addition  
Name: ARNOLD, WILLIAM  
Address: 35236 CROSS ST  
City-St-Zip: FRUITLAND PARK, FL 34731

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: REV. DANIEL R. PARKER

CP

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date