

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006191

**FILED**  
**Feb 15, 2007**  
**Secretary of State**

**Entity Name:** WILDERNESS RESOURCE MINISTRIES, INC.

**Current Principal Place of Business:**

1990 CEDAR STREET  
DAYTONA BEACH, FL 32119

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10567  
DAYTONA BEACH, FL 321200567

**New Mailing Address:**

**FEI Number:** 65-1186647      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEOBIL, ANTHONY  
1990 CEDAR STREET  
DAYTONA BEACH, FL 32119      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: CPS      ( ) Delete  
Name: DEOBIL, ANTHONY  
Address: 1990 CEDAR STREET  
City-St-Zip: DAYTONA BEACH, FL 32119

Title: VC      ( ) Delete  
Name: MILLER, JAMES R  
Address: 172 PROSPECT AVE  
City-St-Zip: PLATTSBURGH, NY 12901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: ANTHONY DEOBIL

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

CPS

02/15/2007

\_\_\_\_\_ Date