2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# N02000003951

Entity Name: FIRE DANCE CHURCH OF WICCA , INC.

Current Principal Place of Business:

4790 SHELL ROAD
MILTON, FL 32583 US

New Principal Place of Business:

Current Mailing Address:

4790 SHELL ROAD
MILTON, FL 32583 US

New Mailing Address:

PO BOX 404
MILTON, FL 32572 US

FEI Number: 36-4497645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIVINGSTON, WILLIAM E REV
4790 SHELL ROAD
MILTON, FL 32583 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: C ( ) Delete
Name: LIVINGSTON, WILLIAM E
Address: 4790 SHELL ROAD
City-St-Zip: MILTON, FL 32583 US

Title: VC ( ) Delete
Name: BAINES, DALLAS M
Address: 4790 SHELL ROAD
City-St-Zip: MILTON, FL 32570

Title: T ( ) Delete
Name: GOODNESS, LISA
Address: 3615 EAST OLIVE ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: S ( ) Delete
Name: STONE, DAWN
Address: 8134 AIRPORT BLVD
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: JOHNS, LISA
Address: 3615 EAST OLIVE ROAD
City-St-Zip: PENSACOLA, FL 32514

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 Section 119.07(3)(i), 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: WILLIAM E LIVINGSTON C 01/04/2005

Electronic Signature of Signing Officer or Director — Date