


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

9/1/2005-90022-006-\$70.00-\$70.00

DOCUMENT # N04000008927	
1. Entity Name WISDOM CENTER PLACE OF FELLOWSHIP, INC.	

Principal Place of Business 624 EVER STREET PLANT CITY FL 33563	Mailing Address 624 EVER STREET PLANT CITY FL 33563
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2. Principal Place of Business		3. Mailing Address 1508 E. Cherry St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Plant City, FL	
Zip	Country	Zip	Country
33563	USA	33563	USA

2nd MOORE CR2E037 (5/05)

4. FEI Number 20-1523423	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REAVES, EVONN 1508 EAST CHERRY STREET PLANT CITY FL 33563		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Evonn Reaves DATE 8/28/05

Signature, typed or printed name of registered agent and if applicable (NOTE: Registered Agent's signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Director Evonn Reaves 1508 E. Cherry St. Plant City, FL 33563 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Director Claretha Reaves 1508 E. Cherry St. Plant City, FL 33563 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Director/Trustee Edd Higgs, Jr. 501 Frank Gris Plant City, FL 33563 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Evonn Reaves DATE 8/28/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR