

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003130

FILED  
Apr 11, 2008  
Secretary of State

Entity Name: WILD GOOSE MINISTRIES, INC.

**Current Principal Place of Business:**

5601 GREEN BLVD  
NAPLES, FL 34116

**New Principal Place of Business:**

**Current Mailing Address:**

5601 GREEN BLVD  
NAPLES, FL 34116

**New Mailing Address:**

FEI Number: 20-8806613

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POULSEN, ROBERT W  
5601 GREEN BLVD  
NAPLES, FL 34116 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: D ( ) Delete  
Name: POULSEN, ROBERT W  
Address: 5601 GREEN BLVD  
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete  
Name: POULSEN, CATHLEEN A  
Address: 5601 GREEN BLVD  
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete  
Name: RIGER, SUSAN  
Address: 62 WICKLIFFE DR  
City-St-Zip: NAPLES, FL 34110

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

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

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: ROBERT W. POULSEN

D

04/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date