

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 25, 2009
Secretary of State**

DOCUMENT# N07000003130

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

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: VIGGIANO, JO BETH
Address: 725 SARATOGA CIRCLE A-201
City-St-Zip: NAPLES, FL 34104

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

PRES

02/25/2009

Electronic Signature of Signing Officer or Director

_____ Date