

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003130

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** WILD GOOSE MINISTRIES, INC.

**Current Principal Place of Business:**

133 ALDERMAN DRIVE  
LAKE PLACID, FL 338852

**New Principal Place of Business:**

133 ALDERMAN DRIVE  
LAKE PLACID, FL 33852

**Current Mailing Address:**

133 ALDERMAN DRIVE  
LAKE PLACID, FL 338852

**New Mailing Address:**

133 ALDERMAN DRIVE  
LAKE PLACID, FL 33852

**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  
133 ALDERMAN DRIVE  
LAKE PLACID, FL 33852 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  
Name: POULSEN, ROBERT W  
Address: 133 ALDERMAN DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: D  
Name: POULSEN, CATHLEEN A  
Address: 133 ALDERMAN DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: D  
Name: RIGER, CHARLIE  
Address: 62 WICKLIFFE DR  
City-St-Zip: NAPLES, FL 34110

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

Title: D  
Name: NELSON, WALTER  
Address: 19638 VILLA ROSA LOOP  
City-St-Zip: FT. MYERS, FL 33967

I hereby 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 all other like empowered.

SIGNATURE: ROBERT W POULSEN

PRES

04/20/2011

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

\_\_\_\_\_  
Date