

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003130

FILED
Apr 19, 2012
Secretary of State

Entity Name: WILD GOOSE MINISTRIES, INC.

Current Principal Place of Business:

133 ALDERMAN DRIVE
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

133 ALDERMAN DRIVE
LAKE PLACID, FL 33852

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
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 SR.
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

Title: D
Name: WIGGINS, DONALD E JR.
Address: 1340 MERAPOSA CIRCLE #102
City-St-Zip: NAPLES, FL 34105

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 SR.

PRES

04/19/2012

Electronic Signature of Signing Officer or Director

Date