


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90017 013 ****61.25

DOCUMENT # N15737	
1. Entity Name WILDWOOD CHURCH OF CHRIST, INC.	

Principal Place of Business 114 CLEVELAND AVE WILDWOOD FL 34785 US	Mailing Address 114 CLEVELAND AVE WILDWOOD FL 34785 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-1542089	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THORNTON, RANDALL N 2008 N. C-470 LAKE PANASOFFKEE FL 33538

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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 PD	NAME MERTZ, HARRY J.	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 708 STANLEY AVE	CITY-ST-ZIP WILDWOOD FL 34785		
TITLE DTR	NAME MCKAY, MICHAEL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13706 NE 13TH STREET	CITY-ST-ZIP OXFORD FL 34484		
TITLE D	NAME GLENN, JIMMY	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS P. O. BOX 292 N/A	CITY-ST-ZIP OXFORD FL 34484		
TITLE D	NAME LAKE, CHARLES	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 723 PRADO DR	CITY-ST-ZIP LADY LAKE FL 32159		
TITLE VPD	NAME JONES, KEITH	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS PO BOX 133	CITY-ST-ZIP OXFORD FL 34484		
TITLE D	NAME COSTA, ARSENIO	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9443 E BEECH CIRCLE	CITY-ST-ZIP INVERNESS FL 34450		

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: HARRY J MERTZ *Harry J Mertz* **2-15-04** **748-1040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #