


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90227 005 \*\*\*\*61.25

<b>DOCUMENT # N15737</b> 1. Entity Name <b>WILDWOOD CHURCH OF CHRIST, INC.</b>					
Principal Place of Business <b>114 CLEVELAND AVE WILDWOOD FL 34785 US</b>			Mailing Address <b>114 CLEVELAND AVE WILDWOOD FL 34785 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>THORNTON, RANDALL N</b> <b>2008 N. C-470</b> <b>LAKE PANASOFFKEE FL 33538</b>				Name <b>THORNTON, RANDALL N.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2031 N. C-470</b> City <b>LAKE PANASOFFKEE</b> <b>FL</b> Zip Code <b>33538</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>MERTZ, HARRY J.</b> <b>708 STANLEY AVE</b> <b>WILDWOOD FL 34785</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MERTZ HARRY J</b> <b>407 N WARFIELD AVE</b> <b>WILDWOOD FL 34785</b>	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DTR</b> <b>MCKAY, MICHEAL</b> <b>13706 NE 13TH STREET</b> <b>OXFORD FL 34484</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GLENN, JIMMY</b> <b>P. O. BOX 292 N/A</b> <b>OXFORD FL 34484</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>LAKE, CHARLES</b> <b>723 PRADO DR</b> <b>LADY LAKE FL 32159</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD</b> <b>JONES, KEITH</b> <b>PO BOX 133</b> <b>OXFORD FL 34484</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>COSTA, ARSENIO</b> <b>9443 E BEECH CIRCLE</b> <b>INVERNESS FL 34450</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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* **02-20-05**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #