FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 PM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N50212** **(2)**

THE WICCAN RELIGIOUS COOPERATIVE OF FLORIDA, INC

Principal Place of Business	Mailing Address
3936 S. SEMORAN BLVD SUITE 116 ORLANDO FL 36822	3936 S SEMORAN BLVD SUITE 116 ORLANDO FL 36822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/04/1992**

3a. Date of Last Report: **03/02/1994**

4. FEI Number: **59-3135173** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
State, Apt. # etc. 22	State, Apt. # etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

8. *This corporation has liability for intangible tax under § 199.032, Florida Statutes.* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MORCROFT, HEATHER
3936 S. SEMORAN BLVD STE. 116
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Typed or printed name of registered agent and title if agent is a corporation) (Registered Agent's signature required only if agent changed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	NEWSTROM, LEWIS	12 NAME		
STREET ADDRESS	3936 S. SEMORAN BLVD., STE 116	13 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	Delete	
TITLE	DP	21 TITLE		☒ Change ☒ Addition
NAME	LA COUR, SUZANNE	22 NAME		
STREET ADDRESS	3936 S. SEMORAN BLVD 116	23 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	32822	
TITLE	DV	31 TITLE		☒ Change ☐ Addition
NAME	MORCROFT, HEATHER	32 NAME		
STREET ADDRESS	3936 S. SEMORAN BLVD 116	33 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	34 CITY ST ZIP	32822	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	MORRIS, REBECCA	42 NAME		
STREET ADDRESS	3936 S. SEMORAN BLVD SUITE 116	43 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL 32822	44 CITY ST ZIP		
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	JORDAN, VERONICA	52 NAME		
STREET ADDRESS	3936 S. SEMORAN BLVD SUITE 116	53 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	54 CITY ST ZIP	32822	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/30/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0034607