

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Feb 26 1996 8:00 am  
Secretary of State

**DOCUMENT # N50212 (2)**  
1. Corporation Name  
**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**

3. Date Incorporated or Qualified **08/04/1992** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-3135173** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. **Suite 433** 26 Suite, Apt. #, etc. **Suite 433**  
22 City & State City & State  
23 Zip **32822** Country Zip **32822** Country  
24 25 28 30

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 **Veronica Jordan**  
82 Street Address (P.O. Box Number Is Not Acceptable) **3936 S Semoran Blvd, Suite 433**  
83 City **Orlando** FL 85 Zip Code **32822**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Veronica Jordan* **Veronica Jordan** **1-21-96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LA COUR, SUZANNE	
STREET ADDRESS	3936 S. SEMORAN BLVD 116	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MORCROFT, HEATHER	
STREET ADDRESS	3936 S. SEMORAN BLVD 116	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS, REBECCA	
STREET ADDRESS	3936 S. SEMORAN BLVD SUITE 116	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JORDAN, VERONICA	
STREET ADDRESS	3936 S. SEMORAN BLVD SUITE 116	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D/P	
1.3 STREET ADDRESS	Veronica Jordan Orlando, FL	
1.4 CITY-ST-ZIP	3936 S Semoran Blvd, Suite 433	
2.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rebecca Morris	
2.3 STREET ADDRESS	3936 S Semoran Blvd, Suite 433	
2.4 CITY-ST-ZIP	Orlando, FL 32822	
3.1 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Humberto Serrano	
3.3 STREET ADDRESS	3936 S Semoran Blvd, Suite 433	
3.4 CITY-ST-ZIP	Orlando, FL 32822	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Patricia Noah	
4.3 STREET ADDRESS	3936 S Semoran Blvd, Suite 433	
4.4 CITY-ST-ZIP	Orlando, FL 32822	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Veronica Jordan* **Veronica Jordan** **1-21-96** **(407) 623-4440**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)