## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 13 if change

**SIGNATURE** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 12 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Principal Place of Business

N50212

(2)

Mailing Address

## THE WICCAN RELIGIOUS COOPERATIVE OF FLORIDA, INC

3936 S. SEMORAN BLVD. SUITE 433		3936 S. SEMORAN BLVD. SUITE 433										
ORLANDO FL 36822		ORLANDO FL 32822-4023			A Data (=		T 65 5					
US		US			3. Date inc	orporated or Qualified 04/1992	3a. Date of Last Report 02/26/1996					
Principal Place of Business 21		2a. Mailing Address			4. FEI Num 59-	ber 3135173			oplied For ot Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifica	te of Status Desired	SR 75 Additional				
City & State		City & State			<b>I</b>	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
<b>23</b>   Zip	Country	Zip	Cou	intrv		<del></del>	poration has liability for i	<del></del>				
24	25	29	30			Fiorida S	·		No.	5. 188.032,		
9, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
				81	Name		<u> </u>					
JORDAN, VERONICA				82	Street	ddrage (P.O. Boy I	Jumbar is Not Acceptab	le)	<del></del>			
	SEMORAN BLVD, STE 433		02	2 Street Address (P.O. Box Number is Not Acceptable)								
	O FL 32822			83								
				84	City			FL	<b>85</b> Zip	Code		
44 Discourant	to the provisions of Castings 617 0500	and 617 1500 Clayeda Ctatut	on the el		nemed	constant automit	this statement for the m		shanalaa i	to registered		
11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE												
12.	OFFICERS AND	DIRECTORS	13.			ADDITION	NS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12		
TITLE	DT	☐ DELETE	1.1 TI	TLE					Change	Addition		
NAME	SERRANO, HUMBERTO			1.2 NAME								
STREET ADDRESS	3936 S SEMORAN BLVD, STE	483 I TC	1.38		ADDRESS							
CITY-ST-ZIP	ORLANDO FL		1.4 Ci	TY-\$	T-ZIP							
TITLE	D	DELETE	2.1 Ti	TLE					☐ Change	☐ Addition		
NAME	NOAH, PATRICIA		2.2 N	AME								
STREET ADDRESS	3936 S SEMORAN BLVD, STE	<b>433</b> 11 CO	2.3 \$1	TAEET	ADDRESS							
CITY-ST-ZIP	ORLANDO FL		2, 4 0	ITY-S	ST-ZIP							
TITLE	DV	☐ DELETE	3.1 TI	TLE					Change	Addition		
NAME	MORRIS, REBECCA		3.2 N	AME								
STREET ADDRESS	3936 S SEMORAN BLVD, STE	4331160	3.3 \$1	TAEET	ADDRESS							
CITY-ST-ZIP	ORLANDO FL		3.4. C	ITY - S	ST-ZIP							
TITLE	DP	☐ DELETE	4.1 Ti	TLE					Change	☐ Addition		
NAME	JORDAN, VERONICA		4.2 N	AME								
STHEET ADDRESS	3936 S SEMORAN BLVD, STE	116	4.3 \$1	TREET	ADDRESS							
CITY-ST-ZIP	orlando fl		4.4 CI	TY-S	T-ZIP							
TITLE	D	DELETE	5.1 TI			D		_	Change	Addition		
NAME	ELIZABETH GALLAG	HER	5.2 N	AME_		C CI ZAVSET	H GLACEACOH					
STREET ADDRESS	ELIZABETHGALLAGHER 89345 SEMORANBUND, STE 114			5.3 STREET ADDRESS		-						
CITY-SI-ZIP	OCLANDO, FC 3'35	522	5.4 CI	ITY-S	T-ZIP							
TITLE	·	☐ DELETE	6.1 Ti	TLE					Change	Addition		
NAME			6.2 N	AME								
STREET ADDRESS			6.3 S	TREET	ADDRESS							
CITY-ST-ZIP			640			·······						
14. I do herel	by certify that the information supplied in indicated on this annual report or su	with this filing does not quali	fy for the	exe	mption s	ated in Section 119	.07(3)(i), Florida Statute	s. I furthe I effect e	r certify that s if made ur	the ider path: that		
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												