

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$238.25).

FILED

Sep 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50212
 1. Corporation Name
WICCAN RELIGIOUS COOPERATIVE OF FLORIDA, INC.

Principal Place of Business 3208-C E. COLONIAL DRIVE # 202 ORLANDO, FL 32803	Mailing Address
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2. Principal Place of Business 21 3208-C E Colonial Dr Suite, Apt. #, etc. 22 # 202 City & State 23 Orlando, FL Zip 24 32803	2a. Mailing Address 26 3208-C E Colonial Dr Suite, Apt. #, etc. 27 # 202 City & State 28 Orlando, FL Zip 29 32803 Country 30 USA
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3. Date Incorporated or Qualified	4. FEI Number 59-3135173	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
Veronica Jordan
3936 S Semoran Blvd #433
Orlando FL 32822 USA

10. Name and Address of New Registered Agent
 B1 Name **Heather Morcroft**
 B2 Street Address (P.O. Box Number is Not Acceptable)
~~352~~ **352 N Magnolia Ave**
 B3
 B4 City **Orlando** **FL** B5 Zip Code **32802**

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: *Heather Morcroft* DATE: **8/20/98**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hillary Zoller, President <input type="checkbox"/> DELETE 3208-C E Colonial Drive # 202 Orlando FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pattie Noah, Vice-President <input type="checkbox"/> DELETE 3208-C E Colonial Drive # 202 Orlando FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hum Serrano, Secretary <input type="checkbox"/> DELETE 3208-C E Colonial Drive # 202 Orlando FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Beth Gallagher, Treasurer <input type="checkbox"/> DELETE 3208-C E Colonial Drive # 202 Orlando FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Malina Adamski, Director <input type="checkbox"/> DELETE 3208-C E Colonial Drive # 202 Orlando FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mary Ramsay, Director <input type="checkbox"/> DELETE 3208-C E Colonial Drive # 202 Orlando FL 32803

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Matt Drury, Director <input type="checkbox"/> Change <input type="checkbox"/> Addition 3208-C E Colonial Drive # 202 Orlando FL 32803
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Zanetta Markham, Director <input type="checkbox"/> Change <input type="checkbox"/> Addition 3208-C E Colonial Drive # 202 Orlando FL 32803
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300002632133 -09/04/98--01064--013 ***61.25
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: *Zanetta Markham* **Zanetta Markham**
Director **8-25-98** **407-679-3184**

CR2E037 (5/98)