

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 04, 2001 08:00 AM
Secretary of State

DOCUMENT # N50212

1. Entity Name
THE WICCAN RELIGIOUS COOPERATIVE OF FLORIDA, INC.

Principal Place of Business 3208-C E. HWY 50 SUITE 202 ORLANDO 32803 US	FL	Mailing Address 3208-C E. HWY 50 SUITE 202 ORLANDO 32803 US	FL
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
59-3135173

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent MORCROFT HEATHER 228 PARK AVENUE NORTH SUITE B WINTER PARK FL 32789 US		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

SIGNATURE **HEATHER MORCROFT** DATE **09/04/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM MORCROFT HEATHER 3208-C E. HWY 50, #202 ORLANDO FL 32803	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM MORCROFT HEATHER 3208-C E. HWY 50, #202 ORLANDO FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM VANDERHRIFT KELLI 3208-C E. HWY 50, #202 ORLANDO FL 32803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM HADDOCK PETER 3208-C E. HWY 50, #202 ORLANDO FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM ROGERS LORRA 3208-C E. HWY 50, #202 ORLANDO FL 32803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM MORCROFT HEATHER 3208-C E. HWY 50, #202 ORLANDO FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DOLLINGER SHAWNA 3208-C E. HWY 50, #202 ORLANDO FL 32803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MEALEY RAYMOND 3208-C E. HWY 50, #202 ORLANDO FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBINSON PAXTON 3208-C E. HWY 50, #202 ORLANDO FL 32803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JORDON VERONICA 3208-C E. HWY 50, #202 ORLANDO FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROGERS RICHARD 3208-C E. HWY 50, #202 ORLANDO FL 32803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON PAXTON 3208-C E. HWY 50, #202 ORLANDO FL 32803	<input checked="" 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)(f), 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: HEATHER MORCROFT DBM 09/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)