

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90356 032 ****61.25

DOCUMENT # N50212

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



Principal Place of Business
**3208-C E. HWY 50
SUITE 202
ORLANDO, FL 32803 US**

Mailing Address
**3208-C E. HWY 50
SUITE 202
ORLANDO, FL 32803 US**

50041007



04152005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3135173 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MORCROFT, HEATHER
100 E. ROBINSON ST.
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MORCROFT, HEATHER
STREET ADDRESS 3208-C E. HWY 50, #202
CITY-ST-ZIP ORLANDO, FL 32803

TITLE DBM ☐ Delete
NAME HADDOCK, PETER
STREET ADDRESS 3208-C E. HWY 50, #202
CITY-ST-ZIP ORLANDO, FL 32803

TITLE STD ☐ Delete
NAME GERS, KIMBERLY
STREET ADDRESS 3208-CE HWY 50 202
CITY-ST-ZIP ORLANDO, FL 32803

TITLE D ☒ Delete
NAME SMATHERS, LORI
STREET ADDRESS 31208 C E HWY 50 # 202
CITY-ST-ZIP ORLANDO, FL 30803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Vice President, Director ☒ Change ☐ Addition
NAME morcroft, Heather
STREET ADDRESS Same
CITY-ST-ZIP

TITLE Secretary, Director ☒ Change ☐ Addition
NAME Haddock, Peter
STREET ADDRESS same
CITY-ST-ZIP

TITLE President, Treasurer, Director ☒ Change ☐ Addition
NAME Gers, Kimberly
STREET ADDRESS Same
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05
Date

407-325-0585
Daytime Phone #