


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N50212</b>	
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
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05032006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3135173	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORCROFT, HEATHER 3208-C E. HWY 50, #202 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HADDOCK, PETER 3208-C E. HWY 50, #202 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GERS, KIMBERLY 3208- CE HWY 50 202 ORLANDO, FL 32803
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**DO NOT WRITE IN THIS SPACE**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** H. Gers **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

5/1/06 **Date** 407-262-3491 **Daytime Phone #**