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NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300004078 (2)

MOONSTAR CHURCH OF WICCA, INC.

Principal Place of Business Mailing Address 1388 N NOVA RD MOONS TAR CHRUCH OF WICOP HOLLY HILL FL 32117-4001 1388 NORTH NOVA RD HOLLY HILL FL 32117 3. Date Incorporated or Qualified 09/10/1993 3a. Date of Last Report 06/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3197032 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Ζip Ζiρ Country 8. This corporation has liability for intangible tay under s. 199.032, Yes You 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GRAF, RICHARD J JR Street Address (P.O. Box Number is Not Acceptable) 1388 N. NOVA ROAD 83 HOLLY HILL FL 32117 64 City Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE ☐ Change Addition TITLE PTD GRAF, RICHARD J. J 1.2 NAME NAME 327 ENDORA ST. 1.3 STREET ADDRESS STREET ADDRESS ORMOND FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Addition 2.1 TITLE ☐ Change TITLE VSD GRAF, SHERRY NAME 22 NAME 327 ENDORA ST. STREET ADDRESS 2.3 STREET ADDRESS ORMOND FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3 1 TITLE Change Addition TITLE GIBSON, JOHN NAME 3.2 NAME 1470 NE 169TH CT. 3.3 STREET ADDRESS STREET ADDRESS SILVER SPGS. FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-S1-7/P DELETE Change Addition TITLE 61 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-7/P

14. I do 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 porporation 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 12 or Block 13 or Block 13 or Block 13 or Block 14 or Block 14 or Block 14 or Block 15 or Bloc

IPROHARD I GRAFIR.