


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000006030 1. Corporation Name Wilderness Ministries, Inc.			
Principal Place of Business 248 Heavenly Street Merritt Island, FL 32953		Mailing Address SAME	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified October 27, 1997 4. FEI Number 59-3478363 Applied For 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 WARREN JAMES MARTIN 248 Heavenly Street Merritt Island, FL 32953		10. Name and Address of New Registered Agent 81 Name WARREN JAMES MARTIN 82 Street Address (P.O. Box Number is Not Acceptable) 248 Heavenly Street 83 84 City Merritt Island FL 85 Zip Code 32953	
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 <i>Warren Martin</i> WARREN MARTIN - P/O 4-30-98 <small>Signature typed or printed name of registered agent and the corporation (NOTE: Registered Agent's signature required when re-appointing)</small>			
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P/O 1.2 NAME WARREN MARTIN 1.3 STREET ADDRESS 248 Heavenly Street 1.4 CITY-ST-ZIP Merritt Island, FL 32953 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T 2.2 NAME Wendy R. Martin 2.3 STREET ADDRESS 248 Heavenly Street 2.4 CITY-ST-ZIP Merritt Island, FL 32953 3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S 3.2 NAME William L. Abitz 3.3 STREET ADDRESS 1155 N. Courtenay Parkway Apt# D-65 3.4 CITY-ST-ZIP Merritt Island, FL 32953 4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D 4.2 NAME Debby Abitz 4.3 STREET ADDRESS 1155 N. Courtenay Parkway Apt# D-65 4.4 CITY-ST-ZIP Merritt Island, FL 32953 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 200002524702 5.4 CITY-ST-ZIP -05/15/98--01007--041 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition ***\$1.25 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 05/13	
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: <i>Warren Martin</i> WARREN MARTIN 4-30-98 407-452-8786 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>			

CR2E037 (10/97)