

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000003130

**Entity Name:** WILD GOOSE MINISTRIES, INC.

**Current Principal Place of Business:**

133 ALDERMAN DRIVE  
LAKE PLACID, FL 33852

**Current Mailing Address:**

133 ALDERMAN DRIVE  
LAKE PLACID, FL 33852

**FEI Number:** 20-8806613

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

POULSEN, ROBERT W  
133 ALDERMAN DRIVE  
LAKE PLACID, FL 33852 US

**FILED**  
**Feb 28, 2014**  
**Secretary of State**  
**CC4166612931**

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name POULSEN, ROBERT WSR.  
Address 133 ALDERMAN DRIVE  
City-State-Zip: LAKE PLACID FL 33852

Title D  
Name POULSEN, CATHLEEN A  
Address 133 ALDERMAN DRIVE  
City-State-Zip: LAKE PLACID FL 33852

Title D  
Name RIGER, CHARLIE  
Address 62 WICKLIFFE DR  
City-State-Zip: NAPLES FL 34110

Title D  
Name VIGGIANO, JO BETH  
Address 725 SARATOGA CIRCLE A-201  
City-State-Zip: NAPLES FL 34104

Title D  
Name NELSON, WALTER  
Address 19638 VILLA ROSA LOOP  
City-State-Zip: FT. MYERS FL 33967

Title D  
Name WIGGINS, DONALD EJ.R.  
Address 1340 MERAPOSA CIRCLE #102  
City-State-Zip: NAPLES FL 34105

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT W. POULSEN

**PRESIDENT**

**02/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date