

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Weathers
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:01

DOCUMENT # **738293 (0)**
1. Corporation Name
THE WOODLAWN PRESBYTERIAN CHURCH, OF ST. PETERSBURG FLORIDA, INC.

Principal Place of Business Mailing Address
2612 12TH STREET NORTH ST. PETERSBURG FL 33704-2610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/07/1977** 3a. Date of Last Report **04/08/1994**
4. FEI Number **59-0799929** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 25 County 29 Zip 30 County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRAZIER, GARY E.
3800 CENTRAL AVENUE
ST. PETERSBURG FL**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature of person named as registered agent and the agent) (Signature of registered agent) (Signature of registered agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, MICHAEL GUTE KUNET, MILDRED	12 NAME	
STREET ADDRESS	1401 48TH AVENUE 4129 - 35TH AVE N.	13 STREET ADDRESS	
CITY, ST, ZIP	ST. PETERSBURG FL 33713	14 CITY, ST, ZIP	
TITLE	P	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, GEORGE	22 NAME	
STREET ADDRESS	1222 BRIGHTWATERS BLVD	23 STREET ADDRESS	
CITY, ST, ZIP	ST PETERSBURG, FL 00000-33704	24 CITY, ST, ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARBOROUGH, LOIS C.	32 NAME	
STREET ADDRESS	2327 WOODLAWN CIR E.	33 STREET ADDRESS	
CITY, ST, ZIP	ST. PETERSBURG FL 33704	34 CITY, ST, ZIP	
TITLE	T	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLARMAN, HOWARD	42 NAME	
STREET ADDRESS	617-38 AVENUE NORTH	43 STREET ADDRESS	
CITY, ST, ZIP	ST. PETERSBURG FL 33704	44 CITY, ST, ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, JEAN	52 NAME	
STREET ADDRESS	1221 KENWOOD AVE N.	53 STREET ADDRESS	
CITY, ST, ZIP	ST. PETERSBURG FL 33704	54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 (27)(30), Florida Statutes. I further certify that the information included 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 change of or an attachment you are making.

SIGNATURE: *[Signature]* **4/24/95** **873-822-4477**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)