

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 738293 (0)

1. Corporation Name
THE WOODLAWN PRESBYTERIAN CHURCH, OF ST. PETERSBURG FLORIDA, INC.



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

3. Date Incorporated or Qualified: 03/07/1977
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a.	Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-0799929	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D GUTEKUNST, MILDRED D. 4129-35TH AVE. N ST. PETERSBURG FL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	P GREENE, GEORGE <i>Don Childress</i>	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<input checked="" type="checkbox"/> DELETE	22 NAME	
STREET ADDRESS	1222 BRIGHTWATERS BLVD	23 STREET ADDRESS	P DONALD R <i>Don Childress</i> 5871 26th Ave N
CITY-ST-ZIP	ST PETERSBURG, FL 00000	24 CITY-ST-ZIP	ST. PETERSBURG FL 33710
TITLE	D SCARBOROUGH, LOIS C. <i>C. James Wood</i>	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<input checked="" type="checkbox"/> DELETE	32 NAME	
STREET ADDRESS	2327 WOODLAWN CIR E.	33 STREET ADDRESS	D C. James Wood 1400 32nd Ave N.
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	St. Petersburg FL 33704
TITLE	T KLARMAN, HOWARD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	42 NAME	
STREET ADDRESS	617-38 AVENUE NORTH	43 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP	
TITLE	D STEVENS, JEAN	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	52 NAME	
STREET ADDRESS	1221 KENWOOD AVE N.	53 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 119.07(3)(k), 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: *Donald R Childress*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-24-96 Daytime Phone #: 813-522-4122

CR2E037 (12/95)