

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90056 037 \*\*\*\*61.25

0052507

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 738293

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

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/07/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0799929	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FRAZIER, GARY E. 9800 CENTRAL AVENUE 150 2nd Ave N. Ste 910 ST. PETERSBURG FL, 33710				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUTENKUNST, MILDRED			1.2 NAME	<i>Broderick</i>		
STREET ADDRESS	4129 35TH AVE. N			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			1.4 CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DONALD R. CHILDRESS			2.2 NAME	<i>Treasurer</i>		
STREET ADDRESS	5871 26TH AVENUE, N.			2.3 STREET ADDRESS	<i>Regay Metzler</i>		
CITY-ST-ZIP	ST PETERSBURG, FL 00000			2.4 CITY-ST-ZIP	<i>4322 10th St N</i>		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	C. JAMES WOOD			3.2 NAME	<i>Secretary / Director</i>		
STREET ADDRESS	1400 32ND AVENUE. N.			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KLARMAN, HOWARD			4.2 NAME	<i>Director</i>		
STREET ADDRESS	617-38 AVENUE NORTH			4.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEVENS, JEAN			5.2 NAME	<i>President</i>		
STREET ADDRESS	1221 KENWOOD AVE N.			5.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 3/25/99 DAYTIME PHONE: (727) 822-1202

CRZE037 (11/98)