


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90025 036 \*\*\*\*61.25

<b>DOCUMENT # 738293</b> 1. Entity Name <b>THE WOODLAWN PRESBYTERIAN CHURCH, OF ST. PETERSBURG FLORIDA, INC.</b>			
Principal Place of Business		Mailing Address	
2612 12TH STREET NORTH ST. PETERSBURG FL 33704-2610		2612 12TH STREET NORTH ST. PETERSBURG FL 33704-2610	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number	Applied For
		<b>59-0799929</b>	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>FRAZIER, GARY E.</b> <b>150 2ND AVE., N.</b> <b>STE 910</b> <b>ST. PETERSBURG FL 33710</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUBER, DOROTHY 103 AMERICANA COURT N.E. SAINT PETERSBURG FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIEDLECKI, WENDY 2445 WOODLAWN CIR E SAINT PETERSBURG FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P C. JAMES WOOD 1400 32ND AVENUE. N. SAINT PETERSBURG FL 33704 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EVAN JONES 2314 WOODLAWN CIRCLE WEST ST. PETERSBURG, FL 33704 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KLARMAN, HOWARD 617 38TH AVENUE NO SAINT PETERSBURG FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STEVENS, JEAN 650 MT. KEY AVENUE N.E. SAINT PETERSBURG FL 33702 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RICHARD BRASHEAR 125 56th AVENUE SO. #530 ST. PETERSBURG, FL 33705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HILL, JOHN W 424 MT OAK AVE NE SAINT PETERSBURG FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E037 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Richard H Brashear* **RICHARD H BRASHEAR** 2-18-07 727 864 5983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #