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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704311

1. Corporation Name
THE WOODLAWN UNITED PRESBYTERIAN CHURCH, INC., U.S.A.

Principal Place of Business 3026 WOODLAWN RD. JACKSONVILLE FL 32209	Mailing Address 3026 WOODLAWN RD. JACKSONVILLE FL 32209
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/20/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1617549
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**ITIAI, MONDAY P.
 9164 12TH AVE
 JACKSONVILLE FL 32208**

10. Name and Address of New Registered Agent

81 Name	Robert A Sewell
82 Street Address (P.O. Box Number is Not Acceptable)	4227 Stratford Way
83	
84 City	Jacksonville
85 State	FL
86 Zip Code	32225

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 **Robert A Sewell** Chairman, Trustee **January 19, 1999**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	ITIAI, MONDAY	
STREET ADDRESS	9164 12TH AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HALLBACK, HARRIET MCNEAL	
STREET ADDRESS	5812 MARTIN LUTHER KING DR	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	PERRON, FRANK	
STREET ADDRESS	8058 DENHAM ROAD EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CRUMLEY, MARY L.	
STREET ADDRESS	1478 MCCONIHIE ST	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sewell, Robert
1.3 STREET ADDRESS	4227 Stratford Way
1.4 CITY-ST-ZIP	Jacksonville FL 32225
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Fowler, Thomas Sr
3.3 STREET ADDRESS	5752 Soutel Drive
3.4 CITY-ST-ZIP	Jacksonville FL 32219
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **Robert A Sewell** **January 19, 1999** **904 768-5905**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E037 (1/198)