2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 19, 2000 8:00 am
Secretary of State
05-18-2000 90351 037 ****61.25

DOCUMENT # 704311

1. Entity Name

THE WOODLAWN UNITED PRESBYTERIAN CHURCH, INC., U

R

Principal Place of Business	Mailing Address
3026 WOODLAWN RD. JACKSONVILLE FL 32209	3026 WOODLAWN RD. JACKSONVILLE FL 32209-1521

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1617549 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SEWELL, ROBERT A 4227 STRATFORD WAY JACKSONVILLE FL 32225 FOWLER, SR. THOMAS W. 5752 SOUTEL DR JACKSONVILLE, FL 32219	Name: FOWLER, SR. THOMAS W. Street Address (P.O. Box Number is Not Acceptable): 5752 SOUTEL DR. City: JACKSONVILLE, FL Zip Code: 32219

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.

SIGNATURE: Thomas W. Fowler Sr 6/13/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CD ☒ Delete	TITLE	CD ☒ Change ☒ Addition
NAME	SEWELL, ROBERT	NAME	FOWLER Thomas SR
STREET ADDRESS	4227 STRATFORD WAY	STREET ADDRESS	5752 Soutel DR
CITY-ST-ZIP	JACKSONVILLE FL 32225	CITY-ST-ZIP	Jacksonville, FL 32219
TITLE	T ☐ Delete	TITLE	T ☐ Change ☒ Addition
NAME	HALLBACK, HARRIET MCNEAL	NAME	CURTIS LEWIS
STREET ADDRESS	5812 MARTIN LUTHER KING DR	STREET ADDRESS	733 CRANE AVE H21
CITY-ST-ZIP	JACKSONVILLE FL 32219	CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	VCD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	FOWLER, THOMAS SR	NAME	Willie MAYS
STREET ADDRESS	5752 SOUTEL DR	STREET ADDRESS	P.O. BOX 9371
CITY-ST-ZIP	JACKSONVILLE FL 32219	CITY-ST-ZIP	JAX, FL 32208
TITLE	SD ☐ Delete	TITLE	Flanders, Letitia ☒ Change ☐ Addition
NAME	CRUMLEY, MARY L.	NAME	
STREET ADDRESS	1478 MCCONIHE ST	STREET ADDRESS	7416 Richardson Hgts. Pl.
CITY-ST-ZIP	JACKSONVILLE FL 32209	CITY-ST-ZIP	Jacksonville, FL 32209
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (9/99)

12. 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 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: Thomas W. Fowler Sr. — Thomas W. FOWLER SR. — 4/23/00 — 904 764 6659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #