

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704311

1. Entity Name

THE WOODLAWN UNITED PRESBYTERIAN CHURCH, INC., U

Principal Place of Business

Mailing Address

3026 WOODLAWN RD.
JACKSONVILLE FL 32209

3026 WOODLAWN RD.
JACKSONVILLE FL 32209

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**

Name **FOWLER, SR THOMAS**
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** *Thomas W Fowler Sr.* **1120-01**
Signature, typed or printed name of registered agent and title if applicable. (None. Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**

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	<input checked="" type="checkbox"/> Delete
NAME	SEWELL, ROBERT	
STREET ADDRESS	4227 STRATFORD WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	T	<input checked="" 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	FOWLER, THOMAS SR	
STREET ADDRESS	5752 SOUTEL DR	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CRUMLEY, MARY L.	
STREET ADDRESS	1478 MCCONNIE 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		

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, THOMAS SR.	
STREET ADDRESS	5752 SOUTEL DR	
CITY-ST-ZIP	JACKSONVILLE, 32219	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, CURTIS	
STREET ADDRESS	7225 CRANE AVE #21	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYS, Willie Ann	
STREET ADDRESS	111 E. 1st St. #3	
CITY-ST-ZIP	JACKSONVILLE, FL 32206	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANDERS, LETITIA	
STREET ADDRESS	3019 Woodlawn Rd.	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500004741705--5	
STREET ADDRESS	-12/28/01--0100P--018	
CITY-ST-ZIP	***236.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowerments.

SIGNATURE: *THOMAS W FOWLER SR* **1120-01**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 DEC 17 PM 12:37



REINSTATEMENT DO NOT WRITE IN THIS SPACE

0001196

CR2E037 (5/01)