

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90046 018 ****61.25

DOCUMENT # 704311

1. Entity Name

THE WOODLAWN UNITED PRESBYTERIAN CHURCH, INC., U.S.A.

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

4. FEI Number

59-1617549

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FOWLER, THOMAS SR
 5752 SOUDEL DR
 JACKSONVILLE FL 32219**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Thomas W. Fowler Sr

Thomas W. Fowler Sr

2/15/2

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	DC	<input type="checkbox"/> Delete
NAME	FOWLER, THOMAS SR	
STREET ADDRESS	5752 SOUDEL DR	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEWIS, CURTIS	
STREET ADDRESS	7225 CRANE AVE #21	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	MAYS, WILLIE ANN	
STREET ADDRESS	111 E 1ST ST #3	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FLANDERS, LETITIA	
STREET ADDRESS	3019 WOODLAWN RD	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(l), 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

904 764 6789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)