

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90003 016 ****75.00



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			
Zip				Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ATKINS, SHIRLEY 8290 CONCORD BLVD., WEST JACKSONVILLE FL 32208				Name Yvonne Wheeler			
				Street Address (P.O. Box Number is Not Acceptable) 984 Tammy Cove Lane			
				City JACKSONVILLE FL Zip Code 32218			
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 <i>Y. Wheeler</i>				Y. Wheeler		08/05/2005	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DC	<input checked="" type="checkbox"/> Delete		TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ATKINS, SHIRLEY			NAME	YVONNE WHEELER		
STREET ADDRESS	8290 CONCORD BLVD., WEST			STREET ADDRESS	984 Tammy Cove Lane		
CITY-ST-ZIP	JACKSONVILLE FL 32208			CITY-ST-ZIP	Jacksonville, FL 32218		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MYERS, LOUIS			NAME			
STREET ADDRESS	3113 RIBAUT SCENIC DR			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32208			CITY-ST-ZIP			
TITLE	VCD	<input checked="" type="checkbox"/> Delete		TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERWIN, BARBARA			NAME	Letitia Flanders		
STREET ADDRESS	7842 TRIUMPH LANE			STREET ADDRESS	3019 Woodlawn Road		
CITY-ST-ZIP	JACKSONVILLE FL 32244			CITY-ST-ZIP	Jacksonville, FL 32209		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GROOMES, DONNA S			NAME	Mary Crumley		
STREET ADDRESS	2017 WEST 14TH ST			STREET ADDRESS	1478 McConihe St.		
CITY-ST-ZIP	JACKSONVILLE FL 32209			CITY-ST-ZIP	Jacksonville, FL 32209		
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CITY-ST-ZIP				CITY-ST-ZIP			



1st MOORE CR2E037 (10/04)

4. FEI Number 59-1617549 Applied For Not Applicable

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

SIGNATURE *Y. Wheeler* Y. Wheeler 08/05/2005
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

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CITY-ST-ZIP				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 empowered.

SIGNATURE: *Yvonne D. Wheeler* 08/05/2005 (904) 768-5905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #