

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90229 030 ****61.25

DOCUMENT # 726454

1. Corporation Name

WOODLAWN COMMUNITY, INC.

Principal Place of Business

5520 HIGHWAY 331 SOUTH
DE FUNIAK SPGS FL

Mailing Address

1571 SHERWOOD RD.
DEFUNIAK SPGS FL 32433



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/21/1973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

23-7289821

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

Zip

Country

28

Zip

Country

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

24

Zip

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GANDY, D.C.
1571 SHERWOOD RD.
DEFUNIAK SPRINGS FL 32433

81 Name

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

83

84 City

FL

85 Zip Code

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 D.C. Gandy, Board of Directors President

January 15, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME GANDY, D.C.
STREET ADDRESS 1571 SHERWOOD RD.
CITY-ST-ZIP DEFUNIAK SPRGS FL 32433

1.1 TITLE ☐ Change ☐ Addition

TITLE DS ☐ DELETE

NAME YOCUM, JANET
STREET ADDRESS 5795 HWY. 331 SOUTH
CITY-ST-ZIP DEFUNIAK SPRGS FL 32433

2.1 TITLE ☐ Change ☐ Addition

TITLE DT ☒ DELETE

NAME LASSETER, CHARLES
STREET ADDRESS 531 SHERWOOD RD.
CITY-ST-ZIP DEFUNIAK SPRGS FL 32433

3.1 TITLE DT ☒ Change ☐ Addition

TITLE DT ☐ DELETE

NAME SIMPSON, WM. A.
STREET ADDRESS 211 LAKEWOOD DRIVE
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

3.2 NAME DT ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)