

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**


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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726454

1. Corporation Name

WOODLAWN COMMUNITY, INC.

Principal Place of Business

5520 HIGHWAY 331 SOUTH
DE FUMIAK SPRGS FL

Mailing Address

1571 SHERWOOD RD.
DEFUMIAK SPRGS FL 32433


2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

05/21/1973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

23-7289821

Applied For

Not Applied

City & State

City & State

5. Certificate of Status Desired

☐
\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐
\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81. Name

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

83.

84. City

FL

85. Zip Code

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 remitting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

17. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

20. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

23. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

26. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

☐ Change ☐ Add

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DT
SIMPSON, WM. A.
211 LAKEWOOD DR.
DEFUMIAK SPRINGS, FL 32433

TS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-2000 850-892-5481

Date

Daytime Phone

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.