


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90147 013 ****63.00

DOCUMENT # 726454 1. Entity 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
---	---

DO NOT WRITE IN THIS SPACE



03272006 No Chg-NP CR2E037 (11/05)

4. FEI Number 23-7289821	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent GANDY, D.C. 1571 SHERWOOD RD. DEFUNIAK SPRINGS, FL 32433
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GANDY, D.C. 1571 SHERWOOD RD. DEFUNIAK SPRGS, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BUSHEE, CHRISTOPHER E 6595 US HWY 331 SOUTH DEFUNIAK SPRINGS, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FAMBRI, ALESSANDRA 6347 US HWY 331 SOUTH DEFUNIAK SPRINGS, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Alessandra Fambri 3/28/06 850 951-1151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #