


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90032 045 \*\*\*\*75.00

<b>DOCUMENT # 726454</b>	
1. Entity Name <b>WOODLAWN COMMUNITY, INC.</b>	

Principal Place of Business <b>5520 HIGHWAY 331 SOUTH DEFUNIAK SPGS FL</b>	Mailing Address <b>1571 SHERWOOD RD. DEFUNIAK SPGS FL 32433</b>
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2. Principal Place of Business - No P.O. Box # <b>331 S'</b> Suite, Apt. #, etc. <b>NA</b>	3. Mailing Address <b>1571 Sherwood</b> Suite, Apt. #, etc. <b>DEFUNIAK SPGS FL 32433</b>
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1st MOORE CR2E037 (10/07)

City & State <b>DEFUNIAK SPGS, FL</b>	City & State
Zip <b>32435</b>	Country

4. FEI Number <b>23-7289821</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>GANDY, D.C. 1571 SHERWOOD RD. DEFUNIAK SPRINGS FL 32433</b>	
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7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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 <u>NA</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature not used when reinstating)		DATE
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<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP GANDY, D.C. 1571 SHERWOOD RD. DEFUNIAK SPRGS FL 32433 - 32435</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP BUSHEE, CHRISTOPHER E 6595 US HWY 331 SOUTH DEFUNIAK SPRINGS FL 32435</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS FAMBRI, ALESSANDRA 6347 US HWY 331 SOUTH DEFUNIAK SPRINGS FL 32435</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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<b>SIGNATURE:</b> 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Day/Year/Phone #
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