2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726454

FILED Feb 11, 2009 Secretary of State

Entity Name: WOODLAWN COMMUNITY, INC.

Current Principal Place of Business: New Principal Place of Business:

331 S LOOP LAWN 5520 US HWY. 331 S

DEFUNIAK SPRINGS, FL 32435 DEFUNIAK SPRINGS, FL 32435 US

Current Mailing Address: New Mailing Address:

1571 SHERWOOD RD.
DEFUNIAK SPGS, FL 32433
1571 SHERWOOD RD.
DEFUNIAK SPGS, FL 32435

FEI Number: 23-7289821 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GANDY, D.C.

1571 SHERWOOD RD.

GANDY, DOUGLAS C
1571 SHERWOOD RD.

DEFUNIAK SPRINGS, FL 32433 US DEFUNIAK SPRINGS, FL 32435 US

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.

SIGNATURE: DOUGLAS C. GANDY 02/11/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: DP () Delete Title: PD (X) Change () Addition

Name: GANDY, D.C. Name: GANDY, DOUGLAS C

Address: 1571 SHERWOOD RD. Address: 1571 SHERWOOD RD.
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

Title: DVP () Delete Title: VP (X) Change () Addition

Name: BUSHEE, CHRISTOPHER E Name: RENFROE, JOHN G

Address: 6595 US HWY 331 SOUTH Address: 260 SHERWOOD RD.
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

Title: () Delete Title: S () Change (X) Addition

 Name:
 Name:
 RENFROE, SUSAN G

 Address:
 Address:
 260 SHERWOOD RD.

City-St-Zip: City-St-Zip: DEUNIAK SPRINGS, FL 32435 US

Title: () Delete Title: T () Change (X) Addition

 Name:
 Name:
 GANDY, EVELYN K

 Address:
 Address:
 1571 SHERWOOD RD.

City-St-Zip: City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS C. GANDY PD 02/11/2009