

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90052 008 ****61.25

DOCUMENT # 733918

1. Entity Name

WOODLAND AVENUE CHRISTIAN CHURCH, INC.

Principal Place of Business

Mailing Address

705 WOODLAND AVENUE
 LAKELAND FL 33801

705 WOODLAND AVENUE
 LAKELAND FL 33801-3049

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7429467

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RITZ, PHYLLIS L
 3681 LAZY LAKE DR., S.
 LAKELAND FL 33801

Name **Jimmie L. Gordon**
 Street Address (P.O. Box Number is Not Acceptable)
578 Petrel Circle
 City **Lakeland** **FL** Zip Code **33809**

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.

SIGNATURE *Jimmie L. Gordon*
Jimmie L. Gordon, Treasurer

2-2-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	KUEHL, STUART W	
STREET ADDRESS	116 N. RIFLE RANGE RD	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARDSOG, HAROLD	
STREET ADDRESS	1728 PETERSBURG AVE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARVEY, WILLIAM	
STREET ADDRESS	115 PINETREE LANE	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARVEY, GEORGIA S	
STREET ADDRESS	115 PINE TREE LANE	
CITY-ST-ZIP	AUBURN FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RITZ, PHYLLIS L	
STREET ADDRESS	3681 LAZY LAKE DR., S.	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martean Trulock	
STREET ADDRESS	5115 N. Socrum Loop Rd., #36	
CITY-ST-ZIP	Lakeland, FL 33809	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33881	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	Auburndale, FL33881	
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jimmie L. Gordon	
STREET ADDRESS	578 Petrel Circle	
CITY-ST-ZIP	Lakeland, FL 33809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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, with an attachment with an address with all other like empowered.

SIGNATURE *Jimmie L. Gordon*
Jimmie L. Gordon, Treasurer

2-2-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)