

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90163 036 ****61.25

DOCUMENT # 733918

1. Entity Name
WOODLAND AVENUE CHRISTIAN CHURCH, INC.



Principal Place of Business
**705 WOODLAND AVENUE
LAKELAND FL 33801**

Mailing Address
**705 WOODLAND AVENUE
LAKELAND FL 33801**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State



CHECK HERE IF MAKING CHANGES

4. FEI Number **23-7429467** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DEWITT, CHARLES
578 PETREL CIRCLE
LAKELAND FL 33809**

7. Name and Address of New Registered Agent
Name
STUART W. KUEHL
Street Address (P.O. Box Number is Not Acceptable)
116 NORTH RIFLE ROAD
WINTER HAVEN, FLORIDA
City
WINTER HAVEN, FL Zip Code
33880-5741

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: *Stuart W. Kuehl*
STUART W. KUEHL **JANUARY 5, 2003**
Signature, typed or printed name of registered agent and title, 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 Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME	PD KUEHL, STUART W	<input type="checkbox"/> Delete
STREET ADDRESS	116 N. RIFLE RANGE RD	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE NAME	VPD TRULOCK, MARTEAL	<input type="checkbox"/> Delete
STREET ADDRESS	5115 N SOCRUM LOOP RD #36	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE NAME	D HARVEY, WILLIAM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	115 PINETREE LANE	
CITY-ST-ZIP	AUBURDALE FL	
TITLE NAME	SD HARVEY, GEORGIA S	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	115 PINE TREE LANE	
CITY-ST-ZIP	AUBURN FL	
TITLE NAME	T GORDON, JIMMIE L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	578 PETREL CIRCLE	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE NAME	T DEWITT, CHARLES	<input type="checkbox"/> Delete
STREET ADDRESS	578 PETREL CIR.	
CITY-ST-ZIP	LAKELAND FL 33809	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D WHELPLEY, RUSSELL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	327 LISA STREET	
CITY-ST-ZIP	LAKELAND, FL. 33815	
TITLE NAME	D TRULOCK, CHESTER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	307 BRIMBROAD	
CITY-ST-ZIP	AUBURDALE, FL. 33823-4016	
TITLE NAME	D DAUGHTERY, GLENN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	916 FOUNTAIN VIEW, SOUTH	
CITY-ST-ZIP	LAKELAND, FL. 33809	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stuart W. Kuehl* **STUART W. KUEHL** 01-050-03 (863) 412-4777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Certificate Fee

CR2E037 (10/02)