


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

| | | | | | |
|--|---|--|--|---|---|
| DOCUMENT # N02000002728 1. Entity Name WOODLAND ACRES BAPTIST CHURCH HOLDING COMPANY, INC. | | | |  | |
| Principal Place of Business 1851 RIVER BLUFF RD N JACKSONVILLE, FL 32211 | | | Mailing Address 1851 RIVER BLUFF RD N JACKSONVILLE, FL 32211 | | |
| 2. Principal Place of Business Suite, Apt #, etc. | | | 3. Mailing Address Suite, Apt #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 02262004 Chg-NP CR2E037 (10/03) | |
| 4. FEI Number NOT APPLICABLE | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WHITE, C. DAVID DR 1851 RIVER BLUFF RD N JACKSONVILLE, FL 32211 | | | 7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD WHITE, D. DAVID DR 1851 RIVER BLUFF RD N JACKSONVILLE, FL 32211 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 100000148696 05/03/04-R0076-002 61.25 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD ASHLEY, CARLL 44077 ANN DR. CALLAHAN, FL 32011 | <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 | SD WHITE, PANDORA V 1851 RIVER BLUFF RD N JACKSONVILLE, FL 32211 | <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 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u>P. White</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u>4/30/04 (904) 641-4887</u> <small>Date Daytime Phone #</small> | | |