

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

**FILED**  
**May 22, 2003 8:00 am**  
**Secretary of State**

05-22-2003 90138 023 \*\*\*\*61.25

**DOCUMENT # N02000002728**

**1. Entity Name**  
**WOODLAND ACRES BAPTIST CHURCH HOLDING COMPANY, I**  
**NC.**



**Principal Place of Business**  
**1851 RIVER BLUFF RD N**  
**JACKSONVILLE FL 32211**

**Mailing Address**  
**1851 RIVER BLUFF RD N**  
**JACKSONVILLE FL 32211**



☐ CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**NONE**

Applied For

☒ Not Applicable

**5. Certificate of Status Desired**

☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WHITE, C. DAVID DR**  
**1851 RIVER BLUFF RD N**  
**JACKSONVILLE FL 32211**

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**

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

(NOTE: Registered Agent signature required when reinstating)

**3/20/03**  
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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** **PD** ☐ Delete  
**NAME** **WHITE, D. DAVID DR**  
**STREET ADDRESS** **1851 RIVER BLUFF RD N**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32211**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **VD** ☐ Delete  
**NAME** **ASHLEY, CARL**  
**STREET ADDRESS** **1116 MAITLAND AVE**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32211**

**TITLE** **VP VD** ☒ Change ☐ Addition  
**NAME** **Ashley Carl**  
**STREET ADDRESS** **44077 Ann Dr.**  
**CITY-ST-ZIP** **Callahan FL 32011**

**TITLE** **SD** ☐ Delete  
**NAME** **WHITE, PANDORA V**  
**STREET ADDRESS** **1851 RIVER BLUFF RD N**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32211**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**Signature of the Registered Agent**  
**Signature of the Registered Agent**

**3/20/03 (904) 644-4887**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)