

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90038 021 ****61.25

DOCUMENT # N05000008852

1. Entity Name
FIRST BAPTIST CHURCH OF WOODLAWN, INC.



Principal Place of Business
**95 CEDAR DR.
DEFUNIAK SPRINGS, FL 32435**

Mailing Address
**95 CEDAR DR.
DEFUNIAK SPRINGS, FL 32435**



03072007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3129401

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GREEN, WILLIAM H
684 BALDWIN AVE.
DEFUNIAK SPRINGS, FL 32435**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SPENCE, MICHAEL F
312 ROCK HILL RD.
DEFUNIAK SPRINGS, FL 32435**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLCOX, BILLY R
399 SHERWOOD RD.
DEFUNIAK SPRINGS, FL 32435**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MINNIEFIELD, CARTER
P.O. BOX 803
DEFUNIAK SPRINGS, FL 32435**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Billy R Willcox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-07

Date

850-892-9286

Daytime Phone #

U00000681884
04/13/07-80028-018 158.75

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IN THIS SPACE**