

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

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000010947**

1. Entity Name  
**WOODLAWN UNITED METHODIST CHURCH, INC.**



Principal Place of Business  
**219 N ALF COLEMAN ROAD  
PANAMA CITY BEACH, FL 32407**

Mailing Address  
**219 N ALF COLEMAN ROAD  
PANAMA CITY BEACH, FL 32407**



04052007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1721366**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**BENNETT, DERRICK  
101 HARRISON AVENUE  
PANAMA CITY, FL 32401**

**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 reinstating)

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 PD  
NAME COLE, JOAN  
STREET ADDRESS 219 N ALF COLEMAN ROAD  
CITY-ST-ZIP PANAMA CITY BEACH, FL 32407

TITLE VPD  
NAME BOZARTH, JOHN  
STREET ADDRESS 219 N ALF COLEMAN ROAD  
CITY-ST-ZIP PANAMA CITY BEACH, FL 32407

TITLE SD  
NAME WILSON, CAROL  
STREET ADDRESS 219 N ALF COLEMAN ROAD  
CITY-ST-ZIP PANAMA CITY BEACH, FL 32407

TITLE TD  
NAME CARTER, MACK  
STREET ADDRESS 219 N ALF COLEMAN ROAD  
CITY-ST-ZIP PANAMA CITY BEACH, FL 32407

TITLE D  
NAME SWARTZ, PHIL  
STREET ADDRESS 219 N ALF COLEMAN ROAD  
CITY-ST-ZIP PANAMA CITY BEACH, FL 32407

TITLE D  
NAME DELL, BARTOW  
STREET ADDRESS 219 N ALF COLEMAN ROAD  
CITY-ST-ZIP PANAMA CITY BEACH, FL 32407

U00000697216  
04/10/07-80031-024 61.25

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-07

Date

235-3733

Daytime Phone #