

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009261

FILED
May 28, 2009
Secretary of State

Entity Name: WOODS HAVEN FAMILY LIFE MINISTRIES, INC.,

Current Principal Place of Business:

135 RIDGEFIELD CT
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

135 RIDGEFIELD CT
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WOODS, VANESSA A
135 RIDGEFIELD CT
ORANGE PARK, FL 32065 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: WOODS, VERDUN P JR
Address: 135 RIDGEFIELD CT
City-St-Zip: ORANGE PARK, FL 32065

Title: VPST () Delete
Name: WOODS, VANESSA A
Address: 135 RIDGEFIELD CT
City-St-Zip: ORANGE PARK, FL 32065

Title: D () Delete
Name: WILLIAMS, PENNIE
Address: 4086 SHERMAN HILLS PKWY
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: WILLIAMS, KEITH
Address: 4086 SHERMAN HILLS PKWY
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: BARR, GAYLE
Address: 12301 KERMAN FOREST BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: WILLIAMS, EDMOND
Address: 4905 ARROWSMITH RD
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: WOODS, VERDUN P JR
Address: 135 RIDGEFIELD CT
City-St-Zip: ORANGE PARK, FL 32065

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VANESSA A WOODS

VPST

05/28/2009

Electronic Signature of Signing Officer or Director

Date