

DOCUMENT # N19947

1. Entity Name

WOODLAWN BAPTIST CHURCH, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

01-25-2000 90038 038 ****70.00

Principal Place of Business

618 STOCKTON STREET
JACKSONVILLE FL 32204

Mailing Address

618 STOCKTON STREET
JACKSONVILLE FL 32204-3041

2. Principal Place of Business

Church

Suite, Apt. #, etc.

3. Mailing Address

618 Stockton St.

Suite, Apt. #, etc.

City & State

Jacksonville, Fl.

City & State

Zip

32204

Country

Duval

Zip

Country

4. FEI Number

59-0782462

Applied For
Not Applicable5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLANCE, WAYNE D.
1634 BLANDING BLVD.
JACKSONVILLE FL 32210

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$81.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CREWS, CARLYLE - Chairman of Deacons	
STREET ADDRESS	618 STOCKTON STREET	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLSON, JAMES L. SR - Deacon	
STREET ADDRESS	618 STOCKTON STREET	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	PYE, ROBERT - Deacon	
STREET ADDRESS	618 STOCKTON STREET	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE		<input checked="" type="checkbox"/> Delete
NAME	Murry Dreibelbis	
STREET ADDRESS	618 Stockton Street	
CITY-ST-ZIP	Jacksonville, Fl. 32204	

TITLE	Deacon	<input type="checkbox"/> Delete
NAME	Calvin Simon	
STREET ADDRESS	618 Stockton St	
CITY-ST-ZIP	Jac. Fl. 32205	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 817, 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: *X* *Murry Dreibelbis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/2000

Date

904-387-3531

Daytime Phone #