


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90015 011 \*\*\*\*61.25

<b>DOCUMENT # N26677</b> 1. Entity Name <b>WOODRUN BAPTIST CHURCH, INCORPORATED</b>																									
Principal Place of Business <b>8203 APALACHEE PARKWAY TALLAHASSEE FL 32311</b>		Mailing Address <b>8203 APALACHEE PARKWAY TALLAHASSEE FL 32311</b>																							
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																							
City & State		City & State																							
Zip		Zip																							
Country		Country																							
<b>6. Name and Address of Current Registered Agent</b>  <b>BROGDON, MARIE 8203 APALACHEE PARKWAY TALLAHASSEE FL 32311</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City																							
4. FEI Number <b>59-2986568</b>		Applied For <input type="checkbox"/> Not Applicable																							
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																							
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																									
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																							
<b>Make Check Payable to Florida Department of State</b>																									
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>																							
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1st MOORE CR2E037 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Dennis E. Brandenburg 3.14.07 877-0820  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #