

FILE NOW: FILING FEE IS \$61.25

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Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N41485** (6)

1. Corporation Name

**WOODLAND FELLOWSHIP, INC.**

Principal Place of Business

**8020 BAYSHORE ROAD  
PALMETTO FL 34221**

Mailing Address

**8020 BAYSHORE ROAD  
PALMETTO FL 34221-8757**3. Date Incorporated or Qualified  
**12/31/1990**3a. Date of Last Report  
**01/25/1996**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

22. City &amp; State

**23**

Zip Country

**24****25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

27. City &amp; State

**28**

Zip Country

**29****30**

4. FEI Number

**65-0238910**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOODSON, DONNA E  
8020 BAYSHORE ROAD  
PALMETTO FL 34221**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DP</b> <input type="checkbox"/> DELETE
NAME	<b>WOODSON, DONNA E.</b>
STREET ADDRESS	<b>8020 BAYSHORE RD</b>
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WOODSON, MARK W.</b>
STREET ADDRESS	<b>605-45 45TH ST. E.</b>
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>
TITLE	<b>DTS</b> <input type="checkbox"/> DELETE
NAME	<b>GALAN, PAM</b>
STREET ADDRESS	<b>616 64TH ST CT E</b>
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE
NAME	<b>MONTGOMERY, JIM</b>
STREET ADDRESS	<b>5124-3RD AVE. W.</b>
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RAPONE, VIRGINIA</b>
STREET ADDRESS	<b>2607 WATERFORD DR APT B</b>
CITY-ST-ZIP	<b>PALMETTO FL 34221</b> <i>NOT AN APARTMENT</i>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BRYANT, BRENDA MISS</b>
STREET ADDRESS	<b>2607 WATERFORD DRIVE APT B</b>
CITY-ST-ZIP	<b>PALMETTO FL 34221</b> <i>NOT AN APARTMENT</i>

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>SEE CNG</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>SEE CNG</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Donna E. Woodson* 1/24/97 (941-722-5507)

CR2E037 (9/96)