

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41485

1. Entity Name

WOODLAND FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

8020 BAYSHORE ROAD
PALMETTO FL 34221

8020 BAYSHORE ROAD
PALMETTO FL 34221-9757

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0238910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODSON, DONNA E
8020 BAYSHORE ROAD
PALMETTO FL 34221

7. Name and Address of New Registered Agent

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

Donna E. Woodson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 25, 2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

~~\$5.00 May Be
Added to Fees~~

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DP
NAME WOODSON, DONNA E.
STREET ADDRESS 8020 BAYSHORE RD
CITY-ST-ZIP PALMETTO FL ☐ Delete

TITLE D
NAME WOODSON, MARK W.
STREET ADDRESS 605 45TH ST E
CITY-ST-ZIP PALMETTO FL ☐ Delete

TITLE DTS
NAME GALAN, PAM
STREET ADDRESS 616 64TH ST CT E
CITY-ST-ZIP PALMETTO FL ☐ Delete

TITLE DV
NAME MONTGOMERY, JIM
STREET ADDRESS 5124-3RD AVE. W.
CITY-ST-ZIP PALMETTO FL ☐ Delete

TITLE D
NAME RAPONE, VIRGINIA
STREET ADDRESS 2607B WATERFORD DRIVE
CITY-ST-ZIP PALMETTO FL ☐ Delete

TITLE D
NAME BRYANT, BRENDA MISS
STREET ADDRESS 2607B WATERFORD DRIVE
CITY-ST-ZIP PALMETTO FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

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CITY-ST-ZIP

TITLE ☐ Change ☐ Add

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donna E. Woodson

Jan 25, 2000

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90027 048 ****61.25

911153



DO NOT WRITE IN THIS SPACE