FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9300001444

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90037 019 ****61.25

CRESTVIEW WOODLAWN BAPTIST CHURCH, INC											
Principal Plac	o of Rusiness	Mailing A	ddress				_				
Principal Place of Business Mailing Address 224 N. FERRON BLVD							ļ) (38)((10) 310 (3100 (1)() 33)() 6	NI 18 NI 84 NI	ERTOS 11915 REBIN ALD	11 E16: ISBI
824 N FERDON BLVD CRESTVIEW FL 32536 CRESTVIEW FL 32536 CRESTVIEW FL 32536											
<u> </u>	Place of Business	2a. Mailir	g Address				1	3. Date Incorporated or Qualifed			
21		26						03/29/1993			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					-			4. FEI Number 59-1107562		· · · ·	lied For Applicable
City & State City & State								5 0 0% to 500 to 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		\$8.75 A	
23	28							5. Certifcate of Status Desired		Fee Rec	uired
Zip	Country	Zip	ı	Cou	ntry		- 1	6. Election Campaign Financing		\$5.00 N	•
24	9. Name and Address of Curr	29	Agant	30				Trust Fund Contribution Name and Address of New	Registered	Added to	Fees
	5. Name and Address of Curr	ent Keğisteren i	-gent		81	Name		o. Italie alia Address of from	rogistorot	r Agoint	
JOY, BILL	.Y				82	Street A	ddress	(P.O. Box Number is Not Accep	able)		···-
305 SEATTLE SLEW CT											
CRESTVIEW FL 32539					83						
					84 City					85 Zip C	
11. Pursuant	to the provisions of Sections 617.0 registered agent, or both, in the Starm familiar with and accept the obli	502 and 617.150	8, Florida Statute	s, the al	bove	-named or	orpora	tion submits this statement for the	purpose o	f changing its r	egistered istered
agent. I a	im familiae with and accept the obli	gations of, Section	n 617.0503, Flo	ida Statı	ites.	ino corpor	u	Journ of all additions. Thereby addition	- 00		
SIGNATURE	Bully 189		9,075	Desistant				en reinstating)	-8-99		
12.	Signature typed or plinted name of pigistered a OFFICERS	AND DIRECTOR		13.	Agent	signature req	UST BO WIT	ADDITIONS/CHANGES TO O			RS IN 12
TITLE	D		DELETE	1.1 TI	LE .	····	D			Change	Addition
NAME	BLOCKER, OLIN			1.2 NA	ME			ourn, Howard			
STREET ADDRESS:				1.3 ST	REET	ADDRESS		6 Normandy Rd.			
CITY-ST-ZIP	The state of the s		1.4 CI				stview, FL-32539				
TITLE	D				LΕ		Change A			☐ Addition	
NAME	J. V. V. 1999. V.			2.2 NA	ME						
STREET ADDRESS				2.3 ST	REET	ADDRESS					
CITY-ST-ZIP	CRESTVIEW FL 32536		Closusts	2, 4 Cl		T- ZIP	D			X Change	Addition
TITLE	<u></u>			1	0.1 MLE -			liams, John B.		₽ Change	Addition
NAME	Hagler, don 6012 Oak Hill RD.			1		ADDRESS		9 Dogwood Dr.			
STREET ADDRESS,	CRESTVIEW FL 32536					- 1		stview, FL 32536			ľ
CITY-ST-ZIP TITLE	CRESTVIEW PL 32336		☐ DELETE	3.4. CI 4.1 TIT		1-219	Ore	stview, FL 32330		Change	Addition
NAME											_
STREET ADDRESS	1 man and a first				AME]					į.
	(4. 2 N		ADDRESS					
CITY-ST-ZIP				4. 2 N	RÉET	ADDRESS					
CITY-ST-ZIP TITLE			□ DELETE	4. 2 N/ 4.3 ST	RÉET IY-ST	j	-			☐ Change	Addition
				4. 2 NA 4.3 ST 4.4 CF	reet IY-St Le	j	-			Change	Addition
TITLE				4. 2 N/ 4.3 ST 4.4 CD 5.1 TIT 5.2 NA	reet IY-St Le Me	j	-			☐ Change	Addition
TITLE NAME			□ OELETE	4. 2 N/ 4.3 ST 4.4 CD 5.1 TIT 5.2 NA 5.3 ST 5.4 CD	RÉET IY-ST ILE IME REET IY-ST	-ZIP ADORESS					
TITLE NAME STREET ADDRESS				4. 2 N/ 4.3 ST 4.4 CD 5.1 TIT 5.2 NA 5.3 ST 5.4 CD 6.1 TIT	RÉET TY-ST LE ME REET TY-ST	-ZIP ADORESS	- · · · · · ·			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ OELETE	4. 2 N/ 4.3 ST 4.4 CD 5.1 TIT 5.2 NA 5.3 ST 5.4 CD 6.1 TIT 6.2 NA	RÉET IY-ST LE ME REET IY-ST LE	-ZIP ADORESS					

14. 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 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, with all other like empowered.