

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

|  |  |
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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1996</b> | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|--|

DOCUMENT # **N93000002480 (2)**

1. Corporation Name

**WOODLANDS COMMUNITY CHURCH, INC.**



Principal Place of Business

3730 TAMPA RD  
PALM HARBOR FL 34684  
US

Mailing Address

3730 TAMPA RD  
PALM HARBOR FL 34684  
US

|                                |                          |  |  |
|--------------------------------|--------------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address      | 3. Date Incorporated or Qualified<br><b>06/02/1993</b>   | 3a. Date of Last Report<br><b>07/24/1995</b> |
| 21<br>Suite, Apt. #, etc.      | 26<br>27<br>City & State | 4. FEI Number<br><b>59-3189714</b>   | Applied For<br>Not Applicable                |
| 22<br>City & State             | 28<br>City & State       | 5. Certificate of Status Desired<br><input type="checkbox"/>   | \$8.75 Additional Fee Required               |
| 23<br>Zip <b>34684</b>         | 25<br>Country            | 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | \$5.00 May Be Added to Fees                  |
| 24<br>29<br>30                 | Zip                      | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

STEPAN, GEORGE  
718 LEMONWOOD DRIVE  
OLDSMAR FL 34677

|  |                                |           |                                 |
|--|--------------------------------|-----------|---------------------------------|
| 81<br>Name   | <b>GEORGE STEPAN</b>           |           |                                 |
| 82<br>Street Address (PO Box Number is Not Acceptable) | <b>3754 QUAIL FOREST DRIVE</b> |           |                                 |
| 83   |                                |           |                                 |
| 84<br>City   | <b>TARPON SPRINGS</b>          | <b>FL</b> | <b>Zip Code</b><br><b>34689</b> |

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

CR2E037 (3/96)

|  |   |  |  |  |
|--|---|--|--|--|
| 12. OFFICERS AND DIRECTORS                     |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE<br><b>JOHNSON, BRYAN K</b><br><b>230 AVERY AVE</b><br><b>CRYSTAL BEACH FL</b> | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input type="checkbox"/> DELETE<br><b>TONY MCCOY</b><br><b>6835 WINDWILLOW DR.</b><br><b>NEW PORT RICHEY, FL 34655</b>     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE<br><b>MOORE, GLEN</b><br><b>2897 OAKRIDGE CT</b><br><b>PALM HARBOR FL</b>     | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input type="checkbox"/> DELETE<br><b>GEORGE STEPAN</b><br><b>3754 QUAIL FOREST DR.</b><br><b>TARPON SPRINGS, FL 34689</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE<br><b>WAITE, JAN</b><br><b>50 PALMDALE4 DR</b><br><b>OLDSMAR FL</b>           | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 I 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: *Bryan K. Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/96 813-786-7042

Daytime Phone #