

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.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002480 (2)

1. Corporation Name

WOODLANDS COMMUNITY CHURCH, INC.

Principal Place of Business

3730 TAMPA RD
PALM HARBOR FL 3468
US

Mailing Address

3730 TAMPA RD
PALM HARBOR FL 34684
US



3. Date Incorporated or Qualified

06/02/1993

3a. Date of Last Report

07/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip - 34684

Country

Zip

Country

24

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STEPAN, GEORGE
718 LEMONWOOD DRIVE
OLDSMAR FL 34877

10. Name and Address of New Registered Agent

81 Name

GEORGE STEPAN

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

3754 QUAIL FOREST DRIVE

83

84 City

TARPON SPRINGS

FL

85 Zip Code

34689

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	
TITLE	<input type="checkbox"/> DELETE
NAME	JOHNSON, BRYAN K
STREET ADDRESS	230 AVERY AVE
CITY - ST - ZIP	CRYSTAL BEACH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, GLEN
STREET ADDRESS	2897 OAKRIDGE CT
CITY - ST - ZIP	PALM HARBOR FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	WAITE, JAN
STREET ADDRESS	50 PALMDALE DR
CITY - ST - ZIP	OLDSMAR FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TUNY HECGY
1.3 STREET ADDRESS	6835 WINDWILLAW DR.
1.4 CITY - ST - ZIP	NEW PORT RICHEY, FL 34655
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GEORGE STEPAN
2.3 STREET ADDRESS	3754 QUAIL FOREST DR.
2.4 CITY - ST - ZIP	TARPON SPRINGS, FL. 34689
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 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

Date

813-786-7042

Daytime Phone #

CR2E037 (3/96)