

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 07 1997 8:00 am  
Secretary of State

DOCUMENT # N93000002480 (2)

1. Corporation Name

WOODLANDS COMMUNITY CHURCH, INC.  
BAPTIST

Principal Place of Business

3730 TAMPA RD  
PALM HARBOR FL 3468  
US

Mailing Address

3730 TAMPA RD  
PALM HARBOR FL 34684-3621  
US

3. Date Incorporated or Qualified  
06/02/1993

3a. Date of Last Report  
07/22/1996

2. Principal Place of Business

21 13025 NINE EAGLES RD.

Suite, Apt. #, etc.

22

City & State

23 TAMPA FL

Zip

24 33626

Country

25 HILSBOROUGH

2a. Mailing Address

26 13025 NINE EAGLES RD.

Suite, Apt. #, etc.

27

City & State

28 TAMPA FL

Zip

29 33626

Country

30 HILSBOROUGH

4. FEI Number  
59-3189714

Applied For  
Not Applicable

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

10. Name and Address of New Registered Agent

STEPAN, GEORGE  
718 LEMONWOOD DRIVE  
OLDSMAR FL 34677

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

TITLE D ☐ DELETE

NAME JOHNSON, BRYAN K

STREET ADDRESS 230 AVERY AVE

CITY - ST - ZIP CRYSTAL BEACH FL

TITLE D ☐ DELETE

NAME MCCOY, TONY

STREET ADDRESS 6835 WINDWILLOW DR.

CITY - ST - ZIP NEW PORT RICHEY FL 34655

TITLE D ☐ DELETE

NAME STEPHAN, GEORGE

STREET ADDRESS 3754 QUAIL FOREST DR.

CITY - ST - ZIP TARPON SPRINGS FL 34689

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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:

Bryan K. Johnson

2/23/97

813-786-7042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)