

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED
Aug 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003668 (1)**

1. Corporation Name

WOODSTOCK PARK UNITED METHODIST CHURCH, INC.

Principal Place of Business

**795 ONTARIO STREET
JACKSONVILLE FL 32254**

Mailing Address

**795 ONTARIO STREET
JACKSONVILLE FL 32254**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/13/1993

3a. Date of Last Report
07/02/1996

4. FEI Number
59-2082419

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

**JOHNSON, COLEN
795 ONTARIO STREET
JACKSONVILLE FL 32254**

10. Name and Address of New Registered Agent

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	CABO	<input type="checkbox"/> DELETE
NAME	JOHNSON, COLEN	
STREET ADDRESS	5808 SWAMP FOX RD.	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	CCMD	<input type="checkbox"/> DELETE
NAME	MILLER, JOYCE L	
STREET ADDRESS	2572 BROADWAY AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	OPPR	<input type="checkbox"/> DELETE
NAME	SELLERS, ELLIS	
STREET ADDRESS	7940 SYCAMORE LANE N.	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	MILLER, JERRY R	
STREET ADDRESS	2572 BROADWAY AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	LLD	<input type="checkbox"/> DELETE
NAME	BREEDON, FRED III	
STREET ADDRESS	7619 KING ROYCE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE		<input type="checkbox"/> 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

SIGNATURE REQUIRED

CR2E037 (4/97)