


FILE NOW: FILING FEE IS \$61.25

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Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 08/13/1993	
4. FEI Number 59-2082419	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CABD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE CABD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, COLEN		1.2 NAME WILLIAM KILBRIDE	
STREET ADDRESS 5808 SWAMP FOX RD.		1.3 STREET ADDRESS 3542 SHADOW ST	
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY-ST-ZIP JACKSONVILLE, FL 32254	
TITLE CCMD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE CCMD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, JOYCE L		2.2 NAME MARIE THOMPSON	
STREET ADDRESS 2572 BROADWAY AVE.		2.3 STREET ADDRESS 990 PERKINS PL.	
CITY-ST-ZIP JACKSONVILLE FL		2.4 CITY-ST-ZIP JACKSONVILLE, FL 32221	
TITLE CPPR	<input checked="" type="checkbox"/> DELETE	3.1 TITLE CPPR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SELLERS, ELLIS		3.2 NAME FRED BREEDON III	
STREET ADDRESS 7940 SYCAMORE LANE N.		3.3 STREET ADDRESS 7619 KING ROYCE ROAD	
CITY-ST-ZIP JACKSONVILLE FL		3.4 CITY-ST-ZIP JACKSONVILLE, FLA	
TITLE T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE CTRD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, JERRY R		4.2 NAME JOHN SCHULTZ	
STREET ADDRESS 2572 BROADWAY AVE.		4.3 STREET ADDRESS 8450 FROST ST N, PO BOX 37298	
CITY-ST-ZIP JACKSONVILLE FL		4.4 CITY-ST-ZIP JACKSONVILLE, FLA 32276	
TITLE LLD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BREEDON, FRED III		5.2 NAME	
STREET ADDRESS 7619 KING ROYCE ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: **WILLIAM J. KILBRIDE** *William J. Kilbride* 3-8-98 387-1237

CFR2037 (10/97)