

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90027 009 \*\*\*\*61.25

DOCUMENT # N93000003668

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/13/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2082419

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, COLEN  
795 ONTARIO STREET  
JACKSONVILLE FL 32254

81 Name  
WILLIAM M. KILBRIDE  
82 Street Address (P.O. Box Number is Not Acceptable)  
3542 Shadow St.  
83 JACKSONVILLE  
84 City

FL 85 Zip Code  
32254

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 *William M. Kilbride*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CABD  
NAME KILBRIDE, WILLIAM  
STREET ADDRESS 3542 SHADOW ST  
CITY-ST-ZIP JACKSONVILLE FL 32254

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE CCMD  
NAME THOMPSON, MARIE  
STREET ADDRESS 980 PERKINS PL  
CITY-ST-ZIP JACKSONVILLE FL 32221

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE CPRD  
NAME BREEDON, FRED III  
STREET ADDRESS 7619 KING ROYCE RD  
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE CTRD  
NAME SCHULTZ, JOHN  
STREET ADDRESS 8450 FROST ST  
CITY-ST-ZIP JACKSONVILLE FL 32236

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: *William M. Kilbride*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)