

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90182 047 ****61.25

DOCUMENT # N93000003668

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2082419

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KILBRIDE, WILLIAM
3542 SHADOW ST
JACKSONVILLE FL 32254**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CABD	<input type="checkbox"/> Delete
NAME	KILBRIDE, WILLIAM	
STREET ADDRESS	3542 SHADOW ST	
CITY-ST-ZIP	JACKSONVILLE FL 32254	

TITLE	CCMD	<input type="checkbox"/> Delete
NAME	THOMPSON, MARIE	
STREET ADDRESS	980 PERKINS PI	
CITY-ST-ZIP	JACKSONVILLE FL 32221	

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

TITLE	CTRD	<input type="checkbox"/> Delete
NAME	SCHULTZ, JOHN	
STREET ADDRESS	8450 FROST ST	
CITY-ST-ZIP	JACKSONVILLE FL 32221	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-02 904-786-0374

CR2E037 (9/01)