

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N93000003668

1. Entity Name
WOODSTOCK PARK UNITED METHODIST CHURCH, INC.



SECRET
DIVISION

06 OCT 20 PM 3:53

Principal Place of Business
795 ONTARIO STREET
JACKSONVILLE, FL 32254

Mailing Address
795 ONTARIO STREET
JACKSONVILLE, FL 32254

REINSTATEMENT 06



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10122006 REIN-NP CR2E099 (11/05)

City & State

City & State

4. FEI Number
59-2082419

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MC GEE, DAVID
3315 DEERFIELD PT. DR.
ORANGE PARK, FL 32073

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DAVID McGee

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

(NOTE: Registered Agent signature required when reinstating)

10/16/06

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2007, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CCMD
JOHNSON, MARIE
10377 BIGTREE LANE
JACKSONVILLE, FL 32254 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400081083224
10/20/06--01065--003 **\$61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MUSSLEWHITE, REBECCA
6006 PICKETVILLE RD
JACKSONVILLE, FL 32254 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CT
WELLS, MARCY
344 CAPELO RD
JACKSONVILLE, FL 32246 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CT
KAY BREEDON
7619 KING ROYSE Rd.
JACKSONVILLE, FL 32244 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Rebecca Musselwhite

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/06

DATE

904 695-4180

DAYTIME PHONE #