2007 NOT-FOR-PROFIT CORPORATION

FILED Jan 29, 2007 08:00 AM

ANNUAL KEPUKI				Secretary of Stat		
DOCUMENT # N9300003668 1. Entity Name WOODSTOCK PARK UNITED METHODIST CHURCH, INC.					Sec	cretary of Stat
795 ONTARI	e of Business O STREET LE, FL 32254	Mailing Address 795 Ontario Street Jacksonville, FL 32254				
DO NOT WRITE IN THIS SPA			CE	01102007 No Chg-NP CR2E037 (4/06) 4. FEI Number Applied For S9-2082419 Not Applicable 5. Certificate of Status Desired \$8.75 Additional		
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current	Registered Agent				Fee Required
MCGEE, DAVID 3315 DEERFIELD PT. DR. ORANGE PARK, FL 32073			DO NOT WRITE IN THIS SPACE			
8. The above the obligat	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent	red office or register			a. I am familiar with, and accept	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Fina Trust Fund Contribution		00 May Be ed to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND CCMD JOHNSON, MARIE 10377 BIGTREE LANE JACKSONVILLE, FL 32254 ST MUSSLEWHITE, REBECCA 6006 PICKETVILLE RD JACKSONVILLE, FL 32254	DIRECTORS			U00000 01/31/07-	606823 80011-023 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP	TLE CT BREEDON, KAY 7619 KING ROYSE ROAD TY-ST-ZIP JACKSONVILLE, FL 32244 TLE MME REET ADDRESS			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-S1-ZIP						

12. Thereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Kelvelca W. Musselwhile
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rebecca W. Musselwhite (Treasurer)