

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**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**



01212008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2082419</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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*

(NOTE: Registered Agent signature required when reinstating)

*1-25-08*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CT  
BREEDON, KAY  
7819 KING ROYSE ROAD  
JACKSONVILLE, FL 32244**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000803467  
02/05/08-80026-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 Musslewhite*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*01-22-08*  
Date

*904-695-4180*  
Daytime Phone #