2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State
02-14-2002 90055 049 ****61.25

DOCUMENT # N95000000304

1. Entity Name

WOODSTOCK BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
9120 CRYSTAL SPRINGS ROAD JACKSONVILLE FL 32221	9120 CRYSTAL SPRINGS ROAD JACKSONVILLE FL 32221

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9120 Crystal Springs RD.	9120 Crystal Springs RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JAX. FL.	City & State: JAX. FL.
Zip: 32221 Country: Duval	Zip: 32221 Country: Duval

4. FEI Number [redacted] Applied For ☐

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
CREWS, MARVIN ~~ROUTE 2 BOX 352B~~ 21918 CREWS RD. HILLIARD FL 32046	Name: MARVIN CREWS Street Address (P.O. Box Number is Not Acceptable): 21918 CREWS RD. City: Hilliard FL Zip Code: 32046

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: MARVIN CREWS X Marvin Crews DATE: JAN. 10, 2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CREWS, MARVIN ROUTE 2 BOX 352B HILLIARD FL 32046	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RICHARDSON, ALTON 2680 LOWELL AVENUE JACKSONVILLE FL 32254	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MCCULLOUGH, WILBUR 366 BULLS BAY HWY JACKSONVILLE FL 32220	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: MARVIN CREWS SIGNATURE X Marvin Crews 1/10/02 (904) 781-2991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #