2005-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Apr 15, 2005 8:00 am Secretary of State DOCUMENT # N95000000304 04-15-2005 90086 010 ****61.25 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 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State City & State Applied For 59-3419076 Not Applicable Zip Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CREWS, MARVIN Street Address (P.O. Box Number is Not Acceptable) 21918 CREWS RD HILLIARD FL 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. I am familiar with, and accept the obligations of registered agent <u> 2005 - 100</u> (NOTE: Registered Agent signature required when rainstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS IN 10 10. 11. MILE ☐ Delete TITLE Addition Change CREWS, MARVIN HAMF NAME **ROUTE 2 BOX 352B** STREET ADDRESS STREET ADDRESS HILLIARD FL 32046 CITY-ST-ZIP CITY-ST-ZIP HILE TITLE Delete ☐ Change Addition RICHARDSON, ALTON NAME NAME 2680 LOWELL AVENUE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32254 CITY-SI-ZIP CITY ST 7P TITLE Delete ☐ Change ☐ Addition TITLE . . . MCCULLOÚGH, WÍLBUR NAME 366 BULLS BAY HWY STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32220 CITY - ST - 7/2 CITY-ST-7P TUTE F Delete TITLE ... Change Change _ Addition GIBBS, JAMES NAME NAME 6810 DENNY RD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32220 CITY-ST-7/P CITY-ST-7IP TITLE ☐ Delete DULF Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7P THLE Delete TETLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADORESS 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.

FILED