

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90437 034 ****61.25

DOCUMENT # **N95000000304**

1. Entity Name
WOODSTOCK BAPTIST CHURCH, INC.



Principal Place of Business
**9120 CRYSTAL SPRINGS ROAD
JACKSONVILLE FL 32221**

Mailing Address
**9120 CRYSTAL SPRINGS ROAD
JACKSONVILLE FL 32221**

70006616



2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc. **"**

Suite, Apt. #, etc. **"**

City & State **"**

City & State **"**

4. FEI Number **59-3419076**
Applied For
Not Applicable

Zip **"** Country **Duval**

Zip **"** Country **Duval**

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CREWS, MARVIN
21918 CREWS RD
HILLIARD FL 32046**

7. Name and Address of New Registered Agent

Name **NO CHANGE**
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 _____ DATE _____
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CREWS, MARVIN ROUTE 2 BOX 352B HILLIARD FL 32046	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHARDSON, ALTON 2680 LOWELL AVENUE JACKSONVILLE FL 32254	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCCULLOUGH, WILBUR 366 BULLS BAY HWY JACKSONVILLE FL 32220	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD James Gibbs 8810 Denny Rd. Jacksonville, FL 32220	FOR IN 10 Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** *Marvin Crews* **1-6-03 (904) 879-2602**

CR2E037 (10/02)