2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jun 09, 2008 8:00 am
Secretary of State
05-06-2008 90038 012 ****61.25

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1. Entity Name
WOODSIDE'S PHOTOGRAPHY MEDIA MINISTRY, INC.

Principal Place of Business	Mailing Address
4525 AZORA ROAD SPRING HILL, FL 34608	4525 AZORA ROAD SPRING HILL, FL 34608

DO NOT WRITE IN THIS SPACE

04162008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3467360

Applied For
Not Applicab

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOODSIDE, MICHAEL A
4525 AZORA ROAD
SPRING HILL, FL 34608

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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 accep the obligations of registered agent.

SIGNATURE: Michael A. Woodside President 4/16/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	PD
NAME	WOODSIDE, MICHAEL A
STREET ADDRESS	4525 AZORA ROAD
CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	SD
NAME	WOODSIDE, BILLIE J
STREET ADDRESS	4525 AZORA ROAD
CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	TD
NAME	PANCOAST, RUSSELL E
STREET ADDRESS	29184 WILDLIFE LANE
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	D
NAME	GARCIA, DAVE
STREET ADDRESS	13407 BONITA AVEUE
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Michael A. Woodside President 6/2/08
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #