

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000005500

1. Entity Name
WOODLAND ACRES NEIGHBORHOOD ASSOCIATION,
INC.



Principal Place of Business
8222 HARE AVE
JACKSONVILLE, FL 32211

Mailing Address
8222 HARE AVE
JACKSONVILLE, FL 32211

FILED
Mar 02, 2004 08:00 AM
Secretary of State



01252004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AKINS, TERRY
8222 HARE AVENUE
JACKSONVILLE, FL 32211

**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

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, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000073272
03/02/04-80029-021 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AKINS, TERRY
STREET ADDRESS	8222 HARE AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	TD
NAME	ELLER, CAROL
STREET ADDRESS	7634 FREE AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	D
NAME	FLYNN, DONNA
STREET ADDRESS	8213 FREE DR
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	D
NAME	WILLIAMS, BENNEY D
STREET ADDRESS	8214 HARE AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	D
NAME	VASILKO, MIKE
STREET ADDRESS	8216 BERRY AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Terry L. Akins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 24, 04

Date

904-724-0466

Daytime Phone #