## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000009565

Entity Name: WOODWARD MANOR, INC.

FILED Apr 18, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1050 BURLINGTON AVE NORTH ST PETERSBURG, FL 34705 **Current Mailing Address: New Mailing Address:** 1050 BURLINGTON AVE N ST PETERSBURG, FL 34705 FEI Number: 02-0657192 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIVITO, JOSEPH A ESQ KONDOR, DEJE C/O DIVITO & HIGHAM, P.A. 1050 BURLINGTON AVE NO 4514 CENTRAL AVE US ST PETERSBURG, FL 33705 ST PATERSBURG, FL 33711 US 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: DEJE KONDOR 04/18/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WYKE, EDWARD D Name: Name: 219 32ND STREET W Address: Address: City-St-Zip: BRADENTON, FL 34205 City-St-Zip: Title: () Delete Title: () Change () Addition JONES, GLORIA Name: Name: Address: 4302 DEERWATER LANE Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip: Title: DV () Delete Title: () Change () Addition ALBERTS, HENK Name: Name: 10911 CARROLLWOOD DRIVE Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: Title: TD () Delete Title: () Change () Addition WHITLOCK, PAUL Name: Name: Address: PO BOX 742 Address: City-St-Zip: ARCADIA, FL 33812 City-St-Zip: Title: DS () Delete Title: () Change () Addition DAVIES, IDRIS Name: Name: 2084 MASSACHUSETTS AVE NE Address: Address: City-St-Zip: ST PETERSBURG, FL 33703 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition LUKES, ELAINE LUKENS, ELAINE Name: Name: Address: 2245 GLENMOOR ROAD NORTH Address: 2245 GLENMOOR ROAD NORTH

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: GLORIA JONES PD 04/18/2006

CLEARWATER, FL 34624

City-St-Zip:

CLEARWATER, FL 34624