

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010930

FILED
Mar 23, 2009
Secretary of State

Entity Name: BELL WOODTURNERS CORPORATION

Current Principal Place of Business:

2719 NW 20TH STREET
BELL, FL 32619

New Principal Place of Business:

Current Mailing Address:

2719 NW 20TH STREET
BELL, FL 32619

New Mailing Address:

FEI Number: 20-5688018 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, GARY
2719 NW 20TH STREET
BELL, FL 32619 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LUCAS, GREG
Address: 11530 NE 81ST
City-St-Zip: BRONSON, FL 32621

Title: D () Delete
Name: SAPP, JAMES JR
Address: 7340 SW 80TH AVE
City-St-Zip: TRENTON, FL 32693

Title: VP () Delete
Name: TAYLOR, GARY
Address: 2719 NW 20TH STREET
City-St-Zip: BELL, FL 32619

Title: T () Delete
Name: WATSON, CHARLES
Address: 7890 SE 110TH STREET
City-St-Zip: TRENTON, FL 32693

Title: P () Delete
Name: FORNERIS, ANTONE
Address: 6331 NW 16TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: SMITH, BILL
Address: 925 NW 60TH ST
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CANNING, BARBARA
Address: 8880 SE 71ST ST
City-St-Zip: NEWBERRY, FL 32669

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: ANTONE FORNERIS

D

03/23/2009

Electronic Signature of Signing Officer or Director

Date