## FILED FILE NOW: FILING FEE IS \$61.25 Apr 30 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. M<u>ortham</u> 👵 ANNUAL REPORT Secretary of State Secretary UT State 1998 DIVISION OF CORPORATIONS DOCUMENT\*# N97000005627 (1) THE WOODS AND WANTON CHAPTER, INC. Principal Place of Business Mailing Address 3010 N YBOR ST 3010 N YBOR ST 3. Date incorporated or Qualified TAMPA FL 33605 TAMPA FL 33605 10/03/1997 FEI Number Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing $\Box$ 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WARE, IRA L Street Address (P.O. Box Number is Not Acceptable) 3010 N YBOR ST 63 **TAMPA FL 33605** 84 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ORESIdent DELETE TITLE Change Addition | IRA WAKE 丁) 1.2 NAME NAME 3010 N. YBOK ST STREET ADDRESS 1.3 STREET ADDRESS 96 33605 TAMPA CITY-ST-ZIP 1.4 CITY-ST-ZIP 13T Vice President JESSIE HARRIS 6739 SWAIN AVE DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP SECRETARY ESSIE WALKER ☐ DELETE Change Addition TITLE 3.2 NAME NAME 8909 ANGLERS POINTE DR STREET ADDRESS 3.3 STREET ADDRESS Temple TERINCE 71 33637 3.4. CITY - ST - ZIP CITY-ST-ZIP Change DELETE ■ Addition 4.1 TITLE TITLE "EASUREK BAMBINA A. STEVENSON NAME 4. 2 NAME 8324 BAHIA AVE. TAMPA 76 33619 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP CHAPIAN DELETE Change Addition TITLE 51 TITLE JOHN Andgett SR. 8724 NURSH 27th St NAME 5.2 NAME 5.3 STREET ADORESS STREET ADDRESS TAMPA 21 33604 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

Date

Date

Date

Description or printed on a particle of signing of the corporation of the corporation 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Date

Date

Date

Description or printed on 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 12 or Block 13 if changed, or on an attachment with an address.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

MALIF

STREET ADDRESS

CITY-ST-7IP