

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005627

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE WOODS AND WANTON CHAPTER, INC.

Current Principal Place of Business:

8275 JENNIFER LANE
SEMINOLE, FL 33777

New Principal Place of Business:

Current Mailing Address:

PO BOX 76582
TAMPA, FL 336751585

New Mailing Address:

FEI Number: 95-4438131 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, DON L
8275 JENNIFER LANE
SEMINOLE, FL 33777 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: PD () Delete
Name: REDDICK, LONNIE
Address: 19812 DEER HOLLOW LANE2508
City-St-Zip: LUTZ, FL 33549 US

Title: 1VPD () Delete
Name: BELL, FRANK JR
Address: BELLE CHASE CIRCLE
City-St-Zip: TAMPA, FL 33569 US

Title: 2VPD () Delete
Name: HENDERSON, JOEY
Address: 12955 PRESWICK
City-St-Zip: RIVERVIEW, FL 33569 US

Title: TR () Delete
Name: JOHNSON, DON L
Address: 8275 JENNIFER LANE
City-St-Zip: SEMINOLE, FL 33777 US

Title: AT () Delete
Name: MATHEWS, CLAUDIA
Address: 10113 SPRINGTREE COURT
City-St-Zip: TAMPA, FL 33611 US

Title: S () Delete
Name: GAIL, REDDICK
Address: 19812 DEER HOLLOW LANE
City-St-Zip: LUTZ, FL 33548 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: 1VPD (X) Change () Addition
Name: BELL, FRANK JR
Address: 2508 BELLE CHASE CIRCLE
City-St-Zip: TAMPA, FL 33569 US

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:

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: DON L JOHNSON

TR

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date