## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Mar 23, 2005 8:00 am **Secretary of State** DOCUMENT # N42401 03-23-2005 90026 003 \*\*\*\*70.00 1. Entity Name WOODCRAFTERS CLUB OF TAMPA, INC. Principal Place of Business Mailing Address DAVID M. BARKSDALE, THE CENTER 3215 W. WALLCRAFT AVE TAMPA, FL-33611-214 N BOULEVARD JAMPA, FL-33606-2. Principal Place of Business 3. Mailing Address 4402 HENDERSON BLVD <u>BROAD St. BAPTIST CHURCH</u> Suite, Apt. #, etc. 3309 W. BROAD STREET Suite, Apt. #, etc. 03162005 Cha-NP CR2E037 (10/03) City & State 4. FEI Number 59-3075392 Applied For FL AMPA Not Applicable Country 33629 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.: Name and Address of Current Registered Agent 7...Name and Address of New Registered Agent = MITH, WILLIAM SHORKEY, WALDO F 3215 W. WALLCRAFT AVE Street Address (P.D. Box Number is Not Acceptable) TAMPA, FL 33611 4402 HENDERSON Zip Code 33629 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. WILLIAM J. SMITH SIGNATURE 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Trust Fund Contribution., Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE Delete TITLÉ **⊯** Change ☐ Addition WILLIAM J. SMITH NAME SHORKEY, WALDO F 4402 Henderson Blud 3215 WALLCRAFT AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33611 CITY-ST-ZIP TAMPA, FL. 33629 PD Change TITLE Delete TITLE SUKUP, JEFF 12024 VERMILLION WAY ☐ Addition STILLWAGON, RICHARD NAME NAME STREET ADDRESS 6209 BRANDON CIRCLE STREET ADDRESS RIVERVIEW, FL 33569 CITY-ST-ZIP RIVERVIEW, FL 33569 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BLACKADAR, VERNON NAME NAME STREET ADDRESS 11451 BROWNING RD STREET ADDRESS CITY-ST-ZIP LITHIA, FL 33547 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KIMBALL, MARK NAME NAME STREET ADDRESS PO BOX 18874 STREET ADDRESS TAMPA, FL 33679 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE .Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change \*\* NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

FILED

3-16-2005 813-837-4533