

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90087 028 ****70.00

DOCUMENT # N42401

1. Entity Name
WOODCRAFTERS CLUB OF TAMPA, INC.



Principal Place of Business
**3309 W. BROAD ST
TAMPA, FL 33634 US**

Mailing Address
**4402 HENDERSON BLVD
TAMPA, FL 33629**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**6210 Sheldon Rd
3001**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

Country

33615-3164

Country

USA

01032007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-3075392

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, WILLIAM J
4402 HENDERSON BLVD
TAMPA, FL 33629**

7. Name and Address of New Registered Agent

Name

Joan Ochoa

Street Address (P.O. Box Number is Not Acceptable)

6210 Sheldon Rd. #3001

City

Tampa

FL

Zip Code

33615-3164

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.

SIGNATURE **Joan V. Ochoa, Treasurer**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02-07-07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME **SMITH, WILLIAM J**
STREET ADDRESS **4402 HENDERSON BLVD**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE ☒ Delete
NAME **JENNINGS, JOE**
STREET ADDRESS **1103 E SLIGH AVE**
CITY-ST-ZIP **TAMPA, FL 33604**

TITLE ☐ Delete
NAME **BLACKADAR, VERNON**
STREET ADDRESS **11451 BROWNING RD**
CITY-ST-ZIP **LITHIA, FL 33547**

TITLE ☐ Delete
NAME **KIMBALL, MARK**
STREET ADDRESS **PO BOX 18874**
CITY-ST-ZIP **TAMPA, FL 33679**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **PD PACKARD, Doug**
STREET ADDRESS **1705 W. ATKINSON ST.**
CITY-ST-ZIP **Tampa, FL 33604**

TITLE ☐ Change ☒ Addition
NAME **ALEXANDER, Wayne**
STREET ADDRESS **506 W. 122nd Ave**
CITY-ST-ZIP **Tampa, FL 33612**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **FLICK, Hurley**
STREET ADDRESS **5420 Lake LeClair**
CITY-ST-ZIP **Lutz, FL 33558**

TITLE ☐ Change ☒ Addition
NAME **OCHOA, Joan**
STREET ADDRESS **6210 Sheldon Rd #3001**
CITY-ST-ZIP **Tampa, FL 33615-3164**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Joan V. Ochoa **Joan V. OCHOA**

02-07-07

885-1854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #