2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 8:00 am Secretary of State

DOCUMENT # N42401 1. Entity Name WOODCRAFTERS CLUB OF TAMPA, INC.							02-25-2	_	51 001 ****	70.00
Principal Place BROAD ST B 3309 W. BRO TAMPA, FL 3	APTIST CHURCH Dad st	Mailing Address 6210 SHELDON RD 3001 TAMPA, FL 33615				-		TAL BIRIN BIRIN BIRIN 201		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							LII LIIII BILLI IIII TII	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02202008	Chg-NP	CR	2E037 (12/06)	
City & State		City & State				4. FEI Number 59-307		_	1 1	pplied For ot Applicable
Zip	Country	Zip	Count	try		5. Certificate	of Status Des	ired 💢	\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent						7. Name and	Address of I	New Registe	red Agent	
OCHOA, JOAN 6210 SHELDON RD #3001				Name Street Add	idress (P	O. Box Numb	er is Not Acce	ptable)		
TAMPA, F			-		· · · · · ·					
				City				•	FL Zip Coo	de
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registered	d office or r	registere	ed agent, or bo	th, in the State	of Florida.	am familiar with	, and accept
		,								
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	E: Registered A	Agent signature	re required i	when revistating)		D	ATE	
SIGNATURE		9. Election Can Trust Fund C	npaign Fin	ancing		*hen revisitating) \$5.00 May E Added to Fees	Be g	Make c	heck payable epartment of S	to State
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D	9. Election Can Trust Fund C	npaign Fin	nancing n. [\$5.00 May E Added to Fees	ė ,	Make c	heck payable	State
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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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Joan V. Ocho

2/20/08 (81)

(813)885-185