


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-25-2008 90051 001 ****70.00

DOCUMENT # N42401		
1. Entity Name WOODCRAFTERS CLUB OF TAMPA, INC.		

Principal Place of Business BROAD ST BAPTIST CHURCH 3309 W. BROAD ST TAMPA, FL 33634 US	Mailing Address 6210 SHELTON RD 3001 TAMPA, FL 33615
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40031400



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02202008 Chg-NP CR2E037 (12/06)

City & State	City & State	4. FEI Number 59-3075392	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
OCHOA, JOAN 6210 SHELTON RD #3001 TAMPA, FL 33615	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	V <input type="checkbox"/> Delete
NAME	ALEXANDER, WAYNE
STREET ADDRESS	506 W. 122ND AVE
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	PD <input type="checkbox"/> Delete
NAME	PACKARD, DOUG
STREET ADDRESS	1705 W. ATKINSON ST.
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	D <input type="checkbox"/> Delete
NAME	BLACKADAR, VERNON
STREET ADDRESS	11451 BROWNING RD
CITY-ST-ZIP	LITHIA, FL 33547
TITLE	D <input type="checkbox"/> Delete
NAME	KIMBALL, MARK
STREET ADDRESS	PO BOX 18874
CITY-ST-ZIP	TAMPA, FL 33679
TITLE	S <input type="checkbox"/> Delete
NAME	FLICK, HURLEY
STREET ADDRESS	5470 LAKE LECLARE
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	T <input type="checkbox"/> Delete
NAME	OCHOA, JOAN
STREET ADDRESS	6210 SHELTON RD. #3001
CITY-ST-ZIP	TAMPA, FL 33615

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY MORRIS
STREET ADDRESS	7215 TURNMORE DR.
CITY-ST-ZIP	TAMPA, FL. 33634
TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM BOYKE
STREET ADDRESS	6403 SUMMERFIELD LOOP
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S BARBARA PACKARD
STREET ADDRESS	1705 W. ATKINSON ST.
CITY-ST-ZIP	TAMPA, FL. 33604
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 2/20/08 (813) 885-1854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #