2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N42401**

1. Entity Name

WOODCRAFTERS CLUB OF TAMPA, INC.

RIVERVIEW, FL 33569

				/			
DAVID M BARKSDALE. THE CENTER 3215 W		VE					
Place of Puringer							
3. Mail		illing Address				HI ALAH BIRN ALSIK I	
Suite, Apt. #, etc. Suit		uite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State City		y & State		4. FEI Number 59-3075392			Applied For
Country	Zip	ip Country		5. Certificate of Sta	atus Desired 🔲	\$8.75 A	dditional
6. Name and Address of Current	Registered Agent		4 . 40 5-40	7. Name and Addr	ess of New Register		-
			Name				· · · · ·
SHORKEY, WALDO F 3215 W. WALLCRAFT AVE		Street Address		(P.O. Box Number is Not Acceptable)			
FL 33611		ļ					
			City			FL Zip Co	de
e named entity submits this statement for	or the purpose of changing	its registere	ed office or regist	ered agent, or both, in t	he State of Florida. I	am familiar with	, and accept
4							
Taldo + X	horkey				1-13	3-03	ļ
Signature, typed or printed name of registered agent	and title if applicable (N	OTE: Registered	Agent signature require	ed when reinstating)	DA	ATE.	
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FILE NOW: FEE IS \$61.25	9. Election C Trust Fund	ampaign Fi Contributio		\$5.00 May Be Added to Fees		eck Payable partment of	
FILE NOW: FEE IS \$61.25 OFFICERS AND DII	Trust Fund			Added to Fees	Florida De _l	partment of	State
OFFICERS AND DII	Trust Fund	Contribution	on. 🗆		Florida De _l	partment of	State N 10
OFFICERS AND DII D OURAL, JOSE	Trust Fund	11. TITLE NAME	on.	Added to Fees	Florida De _l	partment of	State N 10 Addition
OFFICERS AND DII OURAL, JOSE 503 N. EXCELDA AVE.	Trust Fund	11. TITLE NAME STREE	on. TADDRESS	Added to Fees	Florida De _l	partment of	State N 10 Addition
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OFFICERS AND DII D OURAL, JOSE 503 N. EXCELDA AVE. TAMPA FL 33609 TD SHORKEY, WALDO F	Trust Fund	11. TITLE NAME STREE	TADDRESS ST-ZIP	Added to Fees	Florida De _l	partment of	State N 10 Addition
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FILED

01-17-2003 90028 038 ****61.25

Jan 17, 2003 8:00 am Secretary of State

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.

CITY-ST-ZIP

SIGNATURE: WALLOW F. SHORKEY 1-13-03 (813)831-0089