

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704057

**Entity Name:** WOODCREST ARMS INC

**Current Principal Place of Business:**

2500 NE 36 STREET  
LIGHTHOUSE POINT, FL 33064

**Current Mailing Address:**

2500 NE 36 STREET  
LIGHTHOUSE POINT, FL 33064

**FEI Number:** 59-1035492

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RICHARDSON, THOMAS W  
2500 NE 36 ST #10  
LIGHTHOUSE POINT, FL 33064 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PTD  
Name FIAMELLA, FRANK  
Address 2500 NE 36 ST #5  
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title D  
Name GENEREUX, GILLES  
Address 2500 NE 36 ST #4  
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title DIRECTOR, SECRETARY  
Name HANSJONS, LISA  
Address 2500 NE 36 STREET  
# 3  
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title DIRECTOR  
Name DOMINIQUE, NORMAND  
Address 2500 NE 36 STREET  
#11  
City-State-Zip: LIGHTHOUSE POINT FL 33064-8190

Title ASST. TREASURER  
Name RICHARDSON, THOMAS W  
Address 2500 NE 36 STREET  
#10  
City-State-Zip: LIGHTHOUSE POINT FL 33064

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS W. RICHARDSON

ASST. TREASURER

02/22/2015

Electronic Signature of Signing Officer/Director Detail

Date