

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42401

Entity Name: WOODCRAFTERS CLUB OF TAMPA, INC.**Current Principal Place of Business:**OAK GROVE UNITED METHODIST CHURCH
2707 W WATERS AVE
TAMPA, FL 33614**Current Mailing Address:**13426 CANOPY CREEK DRIVE
TAMPA, FL 33625 US**FEI Number:** 59-3075392**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RIZI, WILLIAM C
13426 CANOPY CREEK DRIVE
TAMPA, FL 33625 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:** WILLIAM C RIZI

01/12/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WHITTINGTON, TOM
Address 15109 BEARS PARK LANE
City-State-Zip: TAMPA FL 33613

Title VP
Name FERGUSON, PAUL
Address 9602 N EDISON AVE
City-State-Zip: TAMPA FL 33612

Title TREASURER
Name RIZI, WILLIAM C
Address 13426 CANOPY CREEK DRIVE
City-State-Zip: TAMPA FL 33625

Title SECRETARY
Name MILLER, CINDY
Address 2754 LOMOND DR
City-State-Zip: PALM HARBOR FL 34543

Title DIRECTOR
Name HODGINS, CHRIS
Address 11228 THICKET CT
City-State-Zip: TAMPA FL 33624

Title DIRECTOR
Name POLLOCK, BILL
Address 9215 SUNFLOWER DR
City-State-Zip: TAMPA FL 33647

Title DIRECTOR
Name NAUMAN, JAMES
Address 97 1ST AVE NW
City-State-Zip: LUTZ FL 33548

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: WILLIAM C. RIZI

TREASURER

01/12/2017

Electronic Signature of Signing Officer/Director Detail

Date