

2021 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:**2707 W WATERS AVE
TAMPA, FL 33614 US**FEI Number: 59-3075392****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BATES, JOHN C
11103 AVERY OAKS DR
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:** JOHN BATES

01/21/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name VANKLEEK, CHARLES
Address 11104 AVERY OAKS DR
City-State-Zip: TAMPA FL 33625

Title SECRETARY
Name BATES, JOHN C
Address 2549 W MARYLAND AVE
City-State-Zip: TAMPA FL 33629

Title PRESIDENT
Name DARRIBA, RAUL
Address 4316 AUTUMN LEAVES DR
City-State-Zip: TAMPA FL 33624

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

Title DIRECTOR
Name MERRILL, DAVID
Address 19103 GOLDIE LN
City-State-Zip: LUTZ FL 33558

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

Title VP
Name NANNIS, RICHARD
Address 15608 TIMBERLINE DR.
City-State-Zip: TAMPA FL 33624

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: JOHN BATES**SECRETARY**

01/21/2021

Electronic Signature of Signing Officer/Director Detail

Date