

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005627

**Entity Name:** THE WOODS AND WANTON CHAPTER, INC.

**Current Principal Place of Business:**

8275 JENNIFER LANE  
SEMINOLE, FL 33777

**FILED**  
**Jun 09, 2020**  
**Secretary of State**  
**8596061233CC**

**Current Mailing Address:**

PO BOX 76582  
TAMPA, FL 33675-1585

**FEI Number: 74-3116168**

**Certificate of Status Desired: No**

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

JOHNSON, DON L  
8275 JENNIFER LANE  
SEMNOLE, FL 33777 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: DON L JOHNSON**

**06/09/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name STARLING, EDDIE  
Address 125216 30TH CIRCLE EAST  
City-State-Zip: PARRISH FL 34219

Title 2VPD  
Name BRYANT, DAMON  
Address 7236 MILESTONE DR.  
City-State-Zip: APOLLO BEACH FL 33572

Title TR  
Name JOHNSON, DON L  
Address 8275 JENNIFER LANE  
City-State-Zip: SEMINOLE FL 33777

Title S  
Name CLAUDIA , MATHEWS  
Address 10113 SPRINGTREE CT.  
City-State-Zip: TAMPA FL 33615

Title 1VPD  
Name REDDICK, LONNIE  
Address 19812 DEER HOLLOW LANE  
City-State-Zip: LUTZ FL 33548

Title CHAPLAIN  
Name MATHEWS, ARNOLD  
Address 10113 SPRINGTREE CT.  
City-State-Zip: TAMPA FL 33615

*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: DON L JOHNSON**

**TREASURER**

**06/09/2020**

Electronic Signature of Signing Officer/Director Detail

Date