

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005627

FILED
Jan 13, 2015
Secretary of State
CC6655838323

Entity Name: THE WOODS AND WANTON CHAPTER, INC.

Current Principal Place of Business:

10113 SPRINGTREE CT.
TAMPA, FL 33615

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:

MATHEWS, CLAUDIA I
10113 SPRINGTREE CT.
TAMPA, FL 33615 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 PD
Name CROMPTON, VERLYN
Address 6603 CATHEDRAL OAK DRIVE
City-State-Zip: PLANT CITY FL 33565

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

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

Title S
Name BROWN, DEBORAH T
Address 6923 EXETER PARK PLACE
City-State-Zip: APOLLO BEACH FL 33572

Title 2VPD
Name STARLING, EDDIE L
Address 12516 30TH CIRCLE EAST
City-State-Zip: PARRISH FL 34219

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

Title ASST. TREASURER
Name JOHNSON, DON
Address 8275 JENNIFER
City-State-Zip: LARGO FL 33777

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: CLAUDIA MATHEWS

TREASURER

01/13/2015

Electronic Signature of Signing Officer/Director Detail

Date