

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 22, 2006 08:00 AM
Secretary of State

DOCUMENT # 740112

1. Entity Name

**WOODMEN OF THE WORLD NORTH FLORIDA YOUTH
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**1923-A CAPITAL CIRCLE NE.
TALLAHASSEE FL 32308**

**P.O. BOX 14185
TALLAHASSEE FL 32317**



2. Principal Place of Business

1923A Capital Circle NE

3. Mailing Address

PO Box 14185

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

Tallahassee FL

City & State

Tallahassee, FL

4. FEI Number

59-1917922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEES, PATRICK L
1923A CAPITAL CIRCLE NE
TALLAHASSEE FL 32308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME DEES, PATRICK
STREET ADDRESS 2481 PAPILLION WAY
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE VD ☐ Delete
NAME BARLOW, JOHN
STREET ADDRESS 3161 WOODBINE RD.
CITY-ST-ZIP MILTON FL

TITLE TD ☐ Delete
NAME MEADOWS, JOSEPH LEE
STREET ADDRESS 11 SIRCY CT
CITY-ST-ZIP QUINCY FL 32352

TITLE SD ☐ Delete
NAME GOODSON, JESSE DAVID
STREET ADDRESS P O BOX 3094
CITY-ST-ZIP TALLAHASSEE FL 32315

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**U00000567500
06/22/06-80003-003 61.25**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

6/20/06 850-818-2564