FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752678 (3)

1. Corporation Name
FLORIDA WOODWORKERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1023 FT WALTON BCH FL 32547	P.O. BOX 1023 FT WALTON BCH FL 32547

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/29/1980
3a. Date of Last Report: 06/28/1994
4. FEI Number: 59-2891992 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

WOOD, PHYLIP
904 JUDSON ST.
FT WALTON BCH FL 32547

10. Name and Address of New Registered Agent

81 Name: WOLNIEWICZ PETER
82 Street Address (P.O. Box Number is Not Acceptable): 106 WOODBINE CIR
83
84 City: FT. WALTON BCH FL 85 Zip Code: 32548

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Peter F Wolniewicz 2 Feb 95 (904) 880-9103 X589
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRES ☒ Change ☐ Addition
NAME	BRIDGE, BILL	1.2 NAME	WOLNIEWICZ, PETER PD
STREET ADDRESS	10 MIDLAND CT	1.3 STREET ADDRESS	106 WOODBINE CIR
CITY-ST-ZIP	NICEVILLE FL	1.4 CITY-ST-ZIP	FT. WALTON BCH FL 32548
TITLE	VD	2.1 TITLE	V. PRES ☒ Change ☐ Addition
NAME	CYR, JOB	2.2 NAME	CAMPIS, DICK VD
STREET ADDRESS	315 ELLIOT RD	2.3 STREET ADDRESS	318 KILLARNEY RD
CITY-ST-ZIP	FT WALTON FL	2.4 CITY-ST-ZIP	NICEVILLE FL 32578
TITLE	SD	3.1 TITLE	SEC. ☒ Change ☐ Addition
NAME	BRIDGE, CHARLOTTE	3.2 NAME	HARMON, FLOYD SD
STREET ADDRESS	105 MIDLAND CT	3.3 STREET ADDRESS	8 CONNIE DR
CITY-ST-ZIP	NICEVILLE FL	3.4 CITY-ST-ZIP	SHALIMAR FL 32579
TITLE	TD	4.1 TITLE	TREA ☐ Change ☐ Addition
NAME	CROSS, JIM	4.2 NAME	CROSS, JIM TD
STREET ADDRESS	223 DET DR	4.3 STREET ADDRESS	223 JET DR
CITY-ST-ZIP	FT WALTON BCH FL	4.4 CITY-ST-ZIP	FT. WALTON BCH FL 32548
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peter F Wolniewicz Peter F Wolniewicz 2 Feb 95 (904) 880-9103 X589
SIGNATURE AND TYPED OR PRINTED NAME OF INCORPORATING OFFICER OR DIRECTOR Date Daytime Phone #

0071000