

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 752678 (3)

1. Corporation Name

FLORIDA WOODWORKERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 1023  
FT WALTON BCH FL 32547

Mailing Address

P.O. BOX 1023  
FT WALTON BCH FL 32547

3. Date Incorporated or Qualified  
05/29/1980

3a. Date of Last Report  
03/02/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WOLNIEWICZ, PETER  
106 WOODBINE CTR  
FT WALTON BCH FL 32548

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Peter F Wolniewicz*  
Signature, typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

1/16/96  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WOLNIEWICZ, PETER  
STREET ADDRESS 106 WOODBINE CIR  
CITY-ST-ZIP FT WALTON BEACH FL ☐ DELETE

TITLE VPD  
NAME CAMPIS, DICK  
STREET ADDRESS 318 KILLARNEY ROAD  
CITY-ST-ZIP NICEVILLE FL ☒ DELETE

TITLE SD  
NAME HARMON, FLOYD  
STREET ADDRESS 8 CONNIE DR  
CITY-ST-ZIP SHALIMAR FL ☒ DELETE

TITLE TD  
NAME CROSS, JIM  
STREET ADDRESS 223 DET DR  
CITY-ST-ZIP FT WALTON BCH FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD WOLNIEWICZ, PETER ☐ Change ☒ Addition  
12 NAME 106 WOODBINE CIR  
13 STREET ADDRESS FT WALTON BEACH, FL. 32548  
14 CITY-ST-ZIP

21 TITLE VT DOUGHERTY, KEVIN ☒ Change ☐ Addition  
22 NAME 891 SHALIMAR COURT  
23 STREET ADDRESS SHALIMAR, FL. 32579  
24 CITY-ST-ZIP

31 TITLE ST CAMPIS, DICK ☒ Change ☐ Addition  
32 NAME 318 KILLARNEY ROAD  
33 STREET ADDRESS NICEVILLE, FL. 32578  
34 CITY-ST-ZIP

41 TITLE T CROSS, JIM ☐ Change ☒ Addition  
42 NAME 223 DET DR  
43 STREET ADDRESS FT WALTON BCH. FL 32548  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE 200001758372 ☐ Change ☐ Addition  
62 NAME -03/26/96--01153--018  
63 STREET ADDRESS \*\*\*61.25  
64 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)(k), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96  
Date

(904) 882-9104  
Daytime Phone

CR2E037 (12/95)