


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 32549-1023
--	---

3. Date Incorporated or Qualified 05/29/1980	3a. Date of Last Report 03/26/1996
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2891992	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent WOLNIEWICZ, PETER 108 WOODBINE CTR FT WALTON BCH FL 32548	10. Name and Address of New Registered Agent 81 Name RANDAL COUNSMAN 82 Street Address (P.O. Box Number is Not Acceptable) 53 5th Ave, Box 294 83 84 City Shalimar FL 85 Zip Code 32579
---	--

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 *Randal Counsman* DATE *June 1, 1997*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOLNIEWICZ, PETER		1.2 NAME COUNSMAN, RANDAL	
STREET ADDRESS 108 WOODBINE CIR		1.3 STREET ADDRESS 53 5th Ave, Box 294	
CITY-ST-ZIP FT WALTON BEACH FL		1.4 CITY-ST-ZIP Shalimar FL 32579	
TITLE VT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOUGHERTY, KEVIN		2.2 NAME LESLIE, TOM	
STREET ADDRESS 891 SHALIMAR COURT		2.3 STREET ADDRESS 1816 RATTAN PALM	
CITY-ST-ZIP SHALIMAR FL 32579		2.4 CITY-ST-ZIP NICEVILLE FL 32578	
TITLE ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAMPIS, DICK		3.2 NAME	
STREET ADDRESS 318 KILLARNEY ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP NICEVILLE FL 32578		3.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CROSS, JIM		4.2 NAME HANOLBY, Douglas	
STREET ADDRESS 223 DET DR		4.3 STREET ADDRESS 421 CORVET ST	
CITY-ST-ZIP FT WALTON BCH FL 32548		4.4 CITY-ST-ZIP Fort Walton Bch FL 32547	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

RANDAL COUNSMAN

CR2E037 (9/96)