


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 05/29/1980
4. FEI Number 59-2891992
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent COUNSMAN, RANDAL 53 5TH AVE SHALIMAR FL 32579	
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10. Name and Address of New Registered Agent	
81 Name LESLIE, TOM	
82 Street Address (P.O. Box Number is Not Acceptable) 1816 RATTAN PALM	
83 City NICEVILLE	85 Zip Code FL 32578

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COUNSMAN, RANDAL 53 5TH AVE, BOX 294 SHALIMAR FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LESLIE, TOM 1816 RATTAN PALM NICEVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAMPIS, DICK 318 KILLARNEY ROAD NICEVILLE FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANDLEY, DOUGLAS 421 CORUET ST FT WALTON BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD LESLIE, TOM 1816 RATTAN PALM NICEVILLE, FL 32578
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VT COUNSMAN, RANDAL 53 5th Ave, Box 294 SHALIMAR FL 32579
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ST STONE, GEORGE 43 Holly Ave. SHALIMAR, FL 32579
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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.

SIGNATURE *[Signatures]* Date *[Date]*

CP2E037 (10/97)