


FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90016 004 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 752678		
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
---	---



* 6 8 9 3 2 5 *



2. Principal Place of Business 1 Suite, Apt. #, etc. 2 City & State 3 Zip Country 4		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/29/1980	
4. FEI Number 59-2891992		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Name and Address of Current Registered Agent LESLIE, TOM 1816 RATTAN PALM NICEVILLE FL 32578		10. Name and Address of New Registered Agent 81 Name PETER Wolniewicz 82 Street Address (P.O. Box Number is Not Acceptable) 106 Woodbine Circle 83 84 City Fort Walton Beach FL 85 Zip Code 32548	

11. Pursuant to the provisions of Sections 617.0502 and 817.1508, 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 Wolniewicz DATE Aug 20, 1999

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	LESLIE, TOM		1.2 NAME	Peter Wolniewicz	
STREET ADDRESS	1816 RATTAN PALM		1.3 STREET ADDRESS	106 Woodbine Circle	
CITY-ST-ZIP	NICEVILLE FL 32578		1.4 CITY-ST-ZIP	Fort Walton Bch, FL 32548	
TITLE	VT	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUNSMAN, RANDAL		2.2 NAME		
STREET ADDRESS	53 5TH AVENUE, BOX 294		2.3 STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR FL 32579		2.4 CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, GEORGE		3.2 NAME		
STREET ADDRESS	43 HOLLY AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR FL 32579		3.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDLEY, DOUGLAS		4.2 NAME		
STREET ADDRESS	421 CORUET ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BCH FL		4.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE:

Peter Wolniewicz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 7, 1999 850 860-3410
 Date Daytime Phone #

CR2E037 (5/99)