

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001831

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: TRI-COUNTY WOODTURNERS INC.

## Current Principal Place of Business:

101 LUTZ LAKE-FERN ROAD WEST  
LUTZ, FL 33548

## New Principal Place of Business:

211 W CHAPMAN RD  
LUTZ, FL 33548 US

## Current Mailing Address:

5926 CHICORY COURT  
NEW PORT RICHEY, FL 34653

## New Mailing Address:

211 W CHAPMAN RD  
LUTZ, FL 33548 US

FEI Number: 04-3636164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARREIRO, AMOS  
5926 CHICORY COURT  
MEW PORT RICHEY, FL 34653 US

## Name and Address of New Registered Agent:

MAURICI, PHILLIP  
211 W CHAPMAN RD  
LUTZ, FL 33548 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PHILLIP MAURICI

04/15/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: PEREZ, DENNIS  
Address: 11228 TAFT LN  
City-St-Zip: SEFFNER, FL 33584

Title: SEC ( ) Delete  
Name: CARREIRO, AMOS  
Address: 5926 CHICORY COURT  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: TRES ( ) Delete  
Name: MEUKEL, BILL  
Address: 6314 WERNER AVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP ( ) Delete  
Name: HESS, PAT  
Address: 7251 TURNMORE DR  
City-St-Zip: TAMPA, FL 33634

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: HESS, PAT  
Address: 7251TURNMORE DR  
City-St-Zip: TAMPA, FL 33634

Title: SEC (X) Change ( ) Addition  
Name: WATSON, DONALD  
Address: 37430 MOORE DR  
City-St-Zip: DADE CITY, FL 33523

Title: TRES (X) Change ( ) Addition  
Name: MAURICI, PHILLIP  
Address: 211 W CHAPMAN RD  
City-St-Zip: LUTZ, FL 33548

Title: VP (X) Change ( ) Addition  
Name: LOPEZ, RUDY  
Address: 4412 E KIRBY ST  
City-St-Zip: TAMPA, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILLIP MAURICI

TRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date