

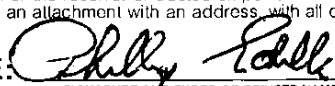


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90053 045 ****61.25

DOCUMENT # N02000003516 1. Entity Name WOODTURNERS OF SOUTHWEST FLORIDA, INC.			
Principal Place of Business 4900-5 ST, W LEHIGH ACRES FL 33971		Mailing Address 4900-5 ST, W LEHIGH ACRES FL 33971	
2. Principal Place of Business - No P.O. Box # 429 SW 44TH STREET		3. Mailing Address 429 SW 44TH STREET	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State CAPE CORAL, FL 33917		City & State CAPE CORAL, FL 33917	
Zip 33917	Country USA	Zip 33917	Country USA
6. Name and Address of Current Registered Agent GERALD, ROBERT 4900-5 ST, W LEHIGH ACRES FL 33971		7. Name and Address of New Registered Agent Name PHILLIP EDILLA Street Address (P.O. Box Number is Not Acceptable) 429 SW 44TH STREET CAPE CORAL, FL City CAPE CORAL FL Zip Code 33917	
8. 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. I am familiar with, and accept the obligations of, registered agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> PRESIDENT </div> <div style="width: 30%; text-align: right;"> 2/6/07 <small>DATE</small> </div> </div>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP PD GERALD, ROBERT 4900-5TH ST, W LEHIGH ACRES FL 33971	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP PD PHILLIP EDILLA 429 SW 44TH STREET CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP VD SALUTO, LEO 1264 ROYAL FERN DR PUNTA GORDA FL 33950	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP VD PAUL SANDLER 3710 SPOONBILL COURT PUNTA GORDA FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP TD DUNCAN, STEVE 1241 ROYAL FERN DRIVE PUNTA GORDA FL 33950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP VD ROBERT MILLIGAN 4208 AVIAN WAY FORT MYERS, FL 33916-7832	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP SD THOMAS, SUE 17300 DURRANCE RD NORTH FORT MYERS FL 33917	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP D PHILLIP KRYM 5016 SKYLINE BLVD CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D BAUER, CHERI 5083 CRAWFORDVILLE RD PORT CHARLOTTE FL 33948	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D GERALD, JOHN 2149 TWIN BROOKS RD. NORTH FORT MYERS FL 33917	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  PHILLIP EDILLA 2/6/07 239-542-2065 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			