

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 05, 2004
Secretary of State**

DOCUMENT# N02000004474

Entity Name: WOODTURNERS OF POLK COUNTY, INC.

Current Principal Place of Business:

1711 CEDAR RIDGE RD
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

1711 CEDAR RIDGE RD
BARTOW, FL 33830

New Mailing Address:

FEI Number: 02-0560938 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SESSIONS, CLIF
1711 CEDAR RIDGE RD
BARTOW, FL 33830

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BATES, GARY A
Address: 1626 SHERWOOD LAKES BLVD
City-St-Zip: LAKELAND, FL 33809

Title: SD () Delete
Name: LOWELL, CHARLIE
Address: 225 LONDON DRIVE
City-St-Zip: KISSIMMEE, FL 34746

Title: VD () Delete
Name: NEWELL, BOB
Address: 2411 COLONEL FORD DR
City-St-Zip: LAKELAND, FL 33813

Title: TD () Delete
Name: LOWELL, TAMMY
Address: 225 LONDON DRIVE
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: SESSIONS, CLIF
Address: 1711 CEDAR RIDGE RD
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROBERTS, ED
Address: 210 MARIANNA DRIVE
City-St-Zip: AUBURNDALE, FL 33823

Title: SD (X) Change () Addition
Name: RUSSELL, JOHN
Address: 216 BATTLEGROVE DRIVE
City-St-Zip: DAVENPORT, FL 33837

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SESSIONS, CLIF
Address: 1711 CEDAR RIDGE ROAD
City-St-Zip: BARTOW, FL 33830

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CLIF SESSIONS

TD

01/05/2004

Electronic Signature of Signing Officer or Director

_____ Date