


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90011 012 ****61.25

DOCUMENT # N02000004474			
1. Entity Name WOODTURNERS OF POLK COUNTY, INC.			
Principal Place of Business 1711 CEDAR RIDGE RD BARTOW, FL 33830		Mailing Address 1711 CEDAR RIDGE RD BARTOW, FL 33830	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02172006		Chg-NP CR2E037 (11/05)	
4. FEI Number 02-0560938		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SESSIONS, CLIF 1711 CEDAR RIDGE RD BARTOW, FL 33830		Name <i>Ted Smith</i>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<i>3127 Forest Dr.</i>	
		City <i>Lakeland</i>	FL Zip Code <i>33811</i>
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.			
SIGNATURE <i>Ted Smith</i>		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
		<i>Ted Smith Sec.</i>	
		DATE <i>2-17-06</i>	
Filing Fee is \$61.25 Due by May 1, 2006		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 PD SWINSON, DAVID	<input checked="" type="checkbox"/> Delete	TITLE NAME P/D John Russel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 105 NORTHWEST 10TH DRIVE		STREET ADDRESS 216 Battlegrove Dr	
CITY-ST-ZIP MULBERRY, FL 3386		CITY-ST-ZIP Davenport, FL 33837	
TITLE NAME SD SWINSON, MARY	<input checked="" type="checkbox"/> Delete	TITLE NAME S/D Ted Smith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 105 NORTHWEST 10TH DRIVE		STREET ADDRESS 3127 Forest Dr.	
CITY-ST-ZIP MULBERRY, FL 33860		CITY-ST-ZIP Lakeland FL 33811	
TITLE NAME VD KRIPLEAN, JOHN	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6730 CARRIGE LANE		STREET ADDRESS	
CITY-ST-ZIP LAKELAND, FL 33811		CITY-ST-ZIP	
TITLE NAME TD SESSIONS, CLIF	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1711 CEDAR RIDGE ROAD		STREET ADDRESS	
CITY-ST-ZIP BARTOW, FL 33830		CITY-ST-ZIP	
TITLE NAME D VARNER, ROBERT	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 510 SADDLE BAG LANE		STREET ADDRESS	
CITY-ST-ZIP LAKELAND, FL, FL 33801		CITY-ST-ZIP	
TITLE NAME D RUSSEL, JOHN	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 216 BATTLEGROVE DRIVE		STREET ADDRESS	
CITY-ST-ZIP DAVENPORT, FL 33837		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Ted Smith</i>		Signature, typed or printed name of signing officer or director	
		<i>Ted Smith S</i>	
		DATE <i>2-17-06</i>	
		Daytime Phone # <i>863-644-1130</i>	