


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90015 037 \*\*\*\*61.25

**DOCUMENT # N02000004474**

1. Entity Name  
**WOODTURNERS OF POLK COUNTY, INC.**



Principal Place of Business  
**3127 FOREST DR.  
 LAKELAND, FL 33811**


Mailing Address  
**3127 FOREST DR.  
 LAKELAND, FL 33811**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

**60022788**



03232008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**02-0560938**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SMITH, TED  
 3127 FOREST DR  
 LAKELAND, FL 33811**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME	TD NITTLESON, ED	<input type="checkbox"/> Delete
STREET ADDRESS	1426 MOCKINGBIRD	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE NAME	SD SMITH, TED	<input type="checkbox"/> Delete
STREET ADDRESS	3127 FOREST DR	
CITY-ST-ZIP	LAKELAND, FL 33811	
TITLE NAME	VD KRIPLEAN, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	6730 CARRIGE LANE	
CITY-ST-ZIP	LAKELAND, FL 33811	
TITLE NAME	TD SESSIONS, CLIF	<input type="checkbox"/> Delete
STREET ADDRESS	1711 CEDAR RIDGE ROAD	
CITY-ST-ZIP	BARTOW, FL 33830	
TITLE NAME	D HOCKENBERY, AL	<input type="checkbox"/> Delete
STREET ADDRESS	14324 EVANS RANCH RD.	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE NAME	D RUSSEL, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	216 BATTLEGROVE DRIVE	
CITY-ST-ZIP	DAVENPORT, FL 33837	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME	Kettleson, Ed.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1426 Mockingbird	
CITY-ST-ZIP	Lakeland FL 33801	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Sessions, Clif	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 284	
CITY-ST-ZIP	Babson Park FL 33827	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PD Kline, Eric	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9240 Moore Rd	
CITY-ST-ZIP	Lakeland, FL 33809	

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:** Ted Smith Sec. March 31 2008 863-644-1130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #