

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 15, 2009  
Secretary of State**

DOCUMENT# N02000004474

Entity Name: WOODTURNERS OF POLK COUNTY, INC.

**Current Principal Place of Business:**

3127 FOREST DR.  
LAKELAND, FL 33811

**New Principal Place of Business:**

**Current Mailing Address:**

3127 FOREST DR.  
LAKELAND, FL 33811

**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:**

SMITH, TED  
3127 FOREST DR  
LAKELAND, FL 33811      US

**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: TD      (X) Delete  
Name: KETTLESON, ED  
Address: 1426 MOCKINGBIRD  
City-St-Zip: LAKELAND, FL 33801

Title: SD      ( ) Delete  
Name: SMITH, TED  
Address: 3127 FOREST DR  
City-St-Zip: LAKELAND, FL 33811

Title: VD      ( ) Delete  
Name: KRIPLEAN, JOHN  
Address: 6730 CARRIGE LANE  
City-St-Zip: LAKELAND, FL 33811

Title: D      ( ) Delete  
Name: SESSIONS, CLIF  
Address: POB 284  
City-St-Zip: BABSON PARK, FL 33827

Title: D      ( ) Delete  
Name: HOCKENBERRY, AL  
Address: 14324 EVANS RANCH RD.  
City-St-Zip: LAKELAND, FL 33809

Title: PD      ( ) Delete  
Name: KLINE, ERIC  
Address: 9240 MOORE RD  
City-St-Zip: LAKELAND, FL 33809

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TDSD      (X) Change ( ) Addition  
Name: SMITH, TED  
Address: 3127 FOREST DR  
City-St-Zip: LAKELAND, FL 33811

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

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

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

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

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: TED SMITH

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TDSD

03/15/2009

\_\_\_\_\_  
Date