


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90062 037 ****61.25

DOCUMENT # N02000006089			
1. Entity Name FLORIDA WOODTURNING SYMPOSIUM INC.			
Principal Place of Business 3614 WALDEN POND DRIVE SARASOTA, FL 34240 US		Mailing Address 3614 WALDEN POND DRIVE SARASOTA, FL 34240 US	
2. Principal Place of Business 1919 SW 63 Ave.		3. Mailing Address 1919 SW 63 Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Gainesville, FL		City & State Gainesville, FL	
Zip 32608	Country USA	Zip 32608	Country USA
6. Name and Address of Current Registered Agent JACKMAN, KENNETH L 19990 SW 71ST PLACE DUNNELLON, FL 34431		4. FEI Number 11-3650246	
		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		04112004 Chg-NP CR2E037 (10/03)	
Name Sylvia Scudder			
Street Address (P.O. Box Number is Not Acceptable) 1919 SW 63 Ave.			
City Gainesville		FL Zip Code 32608	
<input checked="" type="checkbox"/> 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>Sylvia Scudder</i>		Sylvia J. Scudder Treasurer 14 April 2004	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-filing) DATE	
Filing Fee is \$61.25 Due by May 1, 2004		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	CD BARRIGER, DAVID 1177 WILDWOOD STREET APOPKA, FL 32703 <input 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	SD MERKT, JUDITH A 19990 S.W. 71ST PLACE DUNNELLON, FL 34431 <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	TDC Scudder SCUDDER, SYLVIA 1919 S.W. 63 AVENUE GAINESVILLE, FL 32608 <input 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Holly Albright 1391 Chelsea Dr. Tarpon Springs, FL 34689 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input checked="" type="checkbox"/> 12. I hereby certify that the information supplied with this filing does not qualify 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 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>Sylvia Scudder</i>		Sylvia J. Scudder 14 April 2004	
Signature and typed or printed name of signing officer or director		Date Daytime Phone # 852-307-1721 x246	