


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000006089</b> 1. Entity Name FLORIDA WOODTURNING SYMPOSIUM INC.	
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Principal Place of Business 1919 SW 63 AVE. GAINESVILLE, FL 32608 US	Mailing Address 1919 SW 63 AVE. GAINESVILLE, FL 32608 US
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 11-3650246	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SCUDDER, SYLVIA  
 1919 SW 63 AVE.  
 GAINESVILLE, FL 32608

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BARRIGER, DAVID 1177 WILDWOOD STREET APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCUDDER, SYLVIA 1919 S.W. 63 AVENUE GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALBRIGHT, HOLLY 1391 CHELSEA DR. TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000177946  
 01/12/05-80008-004 61.25

**DO NOT WRITE IN THIS SPACE**

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: Sylvia J. Scudder Sylvia J. Scudder 10 Jan. 2005 352-378-1128  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #