


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90006 022 ****61.25

DOCUMENT # N02000006089					
1. Entity Name FLORIDA WOODTURNING SYMPOSIUM INC.					
Principal Place of Business 1919 SW 63 AVE. GAINESVILLE, FL 32608 US		Mailing Address 1919 SW 63 AVE. GAINESVILLE, FL 32608 US			
2. Principal Place of Business <i>111 E. KELLER CT.</i> Suite, Apt. #, etc.		3. Mailing Address <i>111 E. KELLER CT.</i> Suite, Apt. #, etc.			
City & State <i>HERNANDO FL</i>		City & State <i>HERNANDO FL</i>		4. FEI Number 11-3650246	
Zip <i>34442</i>		Country <i>US</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCUDDER, SYLVIA 1919 SW 63 AVE. GAINESVILLE, FL 32608			7. Name and Address of New Registered Agent Name <i>FRANK SOSPENZI</i> Street Address (P.O. Box Number is Not Acceptable) <i>111 E. KELLER CT.</i> City <i>HERNANDO</i> FL Zip Code <i>34442</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>Frank Sospenzi</i> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> FRANK SOSPENZI					
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 STREET ADDRESS CITY-ST-ZIP	CD BARRIGER, DAVID 1177 WILDWOOD STREET APOPKA, FL 32703 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ALLEN COLE 108 HORSESHOE BEND DELEON SPRINGS, FL 32130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCUDDER, SYLVIA 1919 S.W. 63 AVENUE GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRANK SOSPENZI 111 E. KELLER CT. HERNANDO, FL 34442 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALBRIGHT, HOLLY 1391 CHELSEA DR. TARPON SPRINGS, FL 34689 <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		
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		
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>FRANK SOSPENZI - Frank Sospenzi</i> 2-20-06 352-746-5805 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					