2008 NOT-FOR-PROFIT CORPORATION

Jan 11, 2008 8:00 am **Secretary of State** DOCUMENT # N04000001446 01-11-2008 90031 041 ****61.25 SARASOTA WOODTURNERS, INC. Principal Place of Business Mailing Address 106 N. WARBLER LN. 106 N. WARBLER LN. SARASOTA, FL 34236 SARASOTA, FL 34236 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 Chg-NP CR2E037 (12/06) Applied For 4. FEI Number 27-0079949 City & State City & State Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENWALD, MERLE A Street Address (P.O. Box Number is Not Acceptable) 106 N. WARBLER, LN. SARASOTA, FL 34236 City 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: Recistered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS LEWIS, ROBERT & 6423 WOODBIRCH PLACE TITLE TITLE COUPE, JOSEPH NAME NAME STREET ADDRESS 6618 BUTTONBUSH COURT STREET ADDRESS SARASOTA Fl. 34238 BRADENTON, FL 34202 CITY-ST-ZIP CITY-SI-ZIP ARCHIBALO, LEWIS A Change Addition 4333 GREENWOOD STABLES RU. Detete TITLE BILE STEVENS, DAVID NAME NAME 322555 MORNING GLORY CIRCLE STREET ADDRESS STREET ADDRESS SARASOTA F1. 34235 CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME GREENWALD, MERLE A NAME 106 N. WARBLER I.N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP IIILE Delete ITILE ☐ Chance Addition NAME NAME STREET ADDRESS STREE1 ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete 7 m F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7P TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-SI-ZIP

SIGNATURE: !

CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TERIZ A. GREENWALD

7 2008

FILED