

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009665

FILED
Aug 11, 2009
Secretary of State

Entity Name: NORTHEAST FLORIDA WOODTURNERS ASSOCIATION, INC.

Current Principal Place of Business:

WOODCRAFT
9280 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

10023 FORD ROAD
BRYCEVILLE, FL 32009

New Mailing Address:

FEI Number: 65-1291433 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NICHOLAS, DANIEL A ESQ.
50 NORTH LAURA STREET
JACKSONVILLE, FL 32202 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: P () Delete
Name: MALESKY, EDWARD
Address: 13961 MANDARIN RD.
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP () Delete
Name: LONG, DAN
Address: 1919 EASTERN DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: S () Delete
Name: GRZYBALA, THOMAS
Address: 2274 EAGLE HARBOR PARKWAY
City-St-Zip: ORANGE PARK, FL 32003

Title: T () Delete
Name: O'DONNELL, NANCY
Address: 8721 MCKENNA DR.
City-St-Zip: JACKSONVILLE, FL 32226

Title: IPP () Delete
Name: HUNT, ROBERT L
Address: 10023 FORD ROAD
City-St-Zip: BRYCEVILLE, FL 32009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: ROBERT L. HUNT

IPP

08/11/2009

Electronic Signature of Signing Officer or Director

Date