

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007 8:00 am
Secretary of State

01-05-2007 90029 041 ****61.25

DOCUMENT # N06000010930 1. Entity Name BELL WOODTURNERS CORPORATION					
Principal Place of Business 2719 NW 20TH STREET BELL, FL 32619			Mailing Address 2719 NW 20TH STREET BELL, FL 32619		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TAYLOR, GARY 2719 NW 20TH STREET BELL, FL 32619			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REHBERG, CARL		NAME		
STREET ADDRESS	6419 NW 22 COURT		STREET ADDRESS		
CITY-ST-ZIP	BELL, FL 32619		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAPP, JAMES JR		NAME		
STREET ADDRESS	7340 SW 80TH AVE		STREET ADDRESS		
CITY-ST-ZIP	TRENTON, FL 32693		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR, GARY		NAME	VP	
STREET ADDRESS	2719 NW 20TH STREET		STREET ADDRESS		
CITY-ST-ZIP	BELL, FL 32619		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATSON, CHARLES		NAME	T	
STREET ADDRESS	7890 SE 110TH STREET		STREET ADDRESS		
CITY-ST-ZIP	TRENTON, FL 32693		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORNERIS, ANTONE		NAME	P	
STREET ADDRESS	6331 NW 16TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTS, LEE		NAME		
STREET ADDRESS	27316 SW 87TH AVE		STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY, FL 32669		CITY-ST-ZIP		
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: <u>Antone L. Forneris, President</u>			Date <u>4 JAN 07</u>		

(352) 384-0212
4 JAN 07

ATTACHMENT 40000034

* II. Additions/changes to Officers and Directors

Barbara Canning — S
8880 SE 71st St.
Newberry, FL 32669

