

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90064 009 ****61.25

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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**

40041868



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

02252008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-5688018

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

FL

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: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
**D
REHBERG, CARL
6419 NW 22 COURT
BELL, FL 32619** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Greg Lucas
11530 NE 81ST
BRONSON, FL 32621** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SAPP, JAMES JR
7340 SW 80TH AVE
TRENTON, FL 32693** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Bill Smith
925 NW 60th ST
Gainesville, FL 32605** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
TAYLOR, GARY
2719 NW 20TH STREET
BELL, FL 32619** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Barbra Canning
8880 SE 71st Street
Newberry FL 32669** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WATSON, CHARLES
7890 SE 110TH STREET
TRENTON, FL 32693** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FORNERIS, ANTONE
6331 NW 16TH PLACE
GAINESVILLE, FL 32605** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBERTS, LEE
27316 SW 87TH AVE
NEWBERRY, FL 32669** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/08 (352) 219-5300

Date

Daytime Phone #