


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90474 005 ****70.00

DOCUMENT # N25728		
1. Entity Name FLORIDA WESTCOAST WOODTURNERS CLUB, INC.		

Principal Place of Business 1199 HIGHLAND LARGO, FL 33770 US	Mailing Address 1199 HIGHLAND LARGO, FL 33770 US
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54053931



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04132004 Chg-NP CR2E037 (10/03)

City & State	City & State
Zip	Country

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HERMANSEN, CHERYL 1510 WISCONSIN AVENUE PALM HARBOR, FL 34683

7. Name and Address of New Registered Agent 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, 2004	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FERRIS, MARK 11490 116TH ST NORTH LARGO, FL 33778 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HERMANSEN, CHERYL 1510 WISCONSIN AVENUE PALM HARBOR, FL 346834541 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SASS, CARL 4712 58TH AVENUE NORTH ST PETERSBURG, FL 33714 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Cheryl Hermansen Cheryl Hermansen* **5/6/04** **727 937-5159 Line 1**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 13, 2004

FLORIDA WESTCOAST WOODTURNERS CLUB, INC.
1199 HIGHLAND
LARGO, FL 33770 US

SUBJECT: FLORIDA WESTCOAST WOODTURNERS CLUB, INC.
Ref. Number: N25728

We have received your document for FLORIDA WESTCOAST WOODTURNERS CLUB, INC. and check(s) totaling \$70.00. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing. Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 804A00024239

5-6-04
Sony I used the form printed from the internet. Our VP was told Sun biz form was allowable.

Cheryl Hemminger
Treasurer



Attachment
Division of Corporations

54053931

Annual Report

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Document Number

N25728

Business Entity Name

FLORIDA WESTCOAST WOODTURNERS CLUB, INC.

FEI Number

FEI Number Status ☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address 1199 HIGHLAND
Suite, Apt. #, etc.
City, State LARGO, FL
Zip Code & Country 33770 US

Mailing Address

Address 1199 HIGHLAND
Suite, Apt. #, etc.
City, State LARGO, FL
Zip Code & Country 33770 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) HERMANSEN, CHERYL

-or- RA Business Name

Address 1510 WISCONSIN AVENUE
Suite, Apt. #, etc.
City, State PALM HARBOR, FL
Zip Code & Country 34683 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature:

Ceryl Hermansen

Continue

Reset

Attachment
Division of Corporations

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Document Number

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Business Entity Name

FLORIDA WESTCOAST WOODTURNERS CLUB, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title DV

Name (Last, First, Middle, Title) FERRIS MARK

-or- Entity Name

Street Address

11490 116TH ST NORTH

City, State

LARGO

FL

Zip Code & Country

33778

Title DT

Name (Last, First, Middle, Title) HERMANSEN CHERYL

-or- Entity Name

Street Address

1510 WISCONSIN AVENUE

City, State

PALM HARBOR

FL

Zip Code & Country

346834541

Title PD

Name (Last, First, Middle, Title) SASS CARL

-or- Entity Name

Street Address

4712 58TH AVENUE NORTH

City, State

ST PETERSBURG

FL

Zip Code & Country

33714

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Attachment

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

*#N25728
54053931*

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

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