2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 04, 2005 8:00 am Secretary of State

DOCUMENT # N25728 1. Entity Name FLORIDA WESTCOAST WOODTURNERS CLUB, INC.				I .	.04-2005 90077 0			
Principal Place of Business 1199 HIGHLAND LARGO, FL 33770 US Mailing Address 1199 HIGHLAND LARGO, FL 33770 US		S						
2. Principal Place of Business		3. Mailing Address				1.1 .1. 1.1.1. 1.1.1. 1.1.1.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02252005 Ch	g-NP CR2E	037 (10/03)		
City & State		City & State		4. FEI Number NOT APPLIC	CABLE		plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Registere	d Agent		
HERMANSEN, CHERYL			Name	Name				
1510 WISCONSIN AVENUE PALM HARBOR, FL 34683			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
TALIFICATION, I'E 34333			City			- I 7 Code		
			City	FL Zip Code				
	named entity submits this statement fo tions of registered agent.	r the purpose of changing its re	egistered office or regis	stered agent, or both, in t	the State of Florida. I a	ım familiar with,	and accept	
SIGNATURE								
	organists, types or printed taxine or registered agent	and title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating}	DATE	Ε		
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make che	eck payable to partment of St		
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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 Hermansh SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-05 727-784-5182

Date Description Prome #