

FILED
Apr 09, 2007 8:00 am
Secretary of State


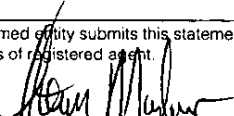
40054699

Abstract

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE	Applied For
	Not Applicable

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

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PO BOX 6224	
City & State		City & State CLEARWATER FL	
Zip —	Country	Zip 33758	Country
6. Name and Address of Current Registered Agent			
DAWSON, WAYNE 13515 102ND TERRACE LARGO, FL 33774			Name STEVEN MARLOW
			Street Address
			City LAR
			Zip 11531
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.			
SIGNATURE 		STEVEN MARLOW	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required)</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 NAME STREET ADDRESS CITY - ST - ZIP	VP MARLOW, STEVE 13515 102ND TERRACE LARGO, FL 33774	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT STEVEN MARLOW PO BOX 6224 CLEARWATER FL 33758	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT JEANTY, REBECCA L 2126 HARCOURT PLACE ODESSA, FL 33556	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER TONY MARSH 2460 BAY BERRY CT CLEARWATER FL 33710	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT DAWSON, WAYNE 13515 102ND TERRACE LARGO, FL 33774	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY LARRY CLOXTON 4595 78th AVE N PINELLAS PARK, FL 33781	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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"/> Delete	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 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

STEVEN MARLOW

1/10/07

Date _____

787-397-8441

Daytime Phone #