

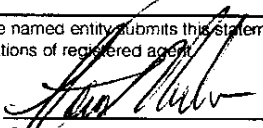
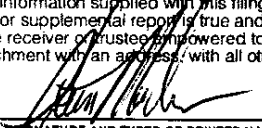


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90102 024 \*\*\*\*61.25

<b>DOCUMENT # N25728</b> 1. Entity Name <b>FLORIDA WESTCOAST WOODTURNERS CLUB, INC.</b>					
Principal Place of Business <b>1199 HIGHLAND LARGO, FL 33770 US</b>			Mailing Address <b>P.O. BOX 6224 CLEARWATER, FL 33758 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  02142008 Chg-NP CR2E037 (12/06)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number <b>NOT APPLICABLE</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARLOW, STEVEN 11531 93RD ST LARGO, FL 33773</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				14-FEB-08 <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>MARLOW, STEVE P. O. BOX 6224 CLEARWATER, FL 33758</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete <b>MARSH, TONY 2460 BAY BERRY CT CLEARWATER, FL 33710</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete <b>DAWSON, WAYNE 13515 102ND TERRACE LARGO, FL 33774</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete <b>CLAXTON, LARRY 4595 78TH AVE N PINELLAS PARK, FL 33781</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Milton Lay 1266 Clays Trail Oldsmar, FL 34677</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Lori Buck 1220 37th Ave N St. Petersburg, FL 33704</b>				
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 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.					
<b>SIGNATURE:</b>  <b>STEVEN MARLOW</b> 14-FEB-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					