


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90016 034 \*\*\*\*61.25

|  |         |  |         |
|--|---------|--|---------|
| <b>DOCUMENT # N28990</b>   |         |       |         |
| 1. Entity Name<br>SOUTHWEST FLORIDA WOODCARVERS EXHIBITION, INC.                                   |         |  |         |
| Principal Place of Business<br>BEVERLY HENRICHON<br>11311 A POPLIN AVE<br>ENGLEWOOD FL 34224<br>US |         | Mailing Address<br>BEVERLY HENRICHON<br>11311 A POPLIN AVE<br>ENGLEWOOD FL 34224<br>US |         |
| 2. Principal Place of Business   |         | 3. Mailing Address   |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.  |         |
| City & State   |         | City & State   |         |
| Zip  | Country | Zip  | Country |



MOORE CR2E037 (11/03)

|   |  |  |  |
|---|--|--|--|
| 4. FEI Number<br><b>NO-T APPLICABLE</b>   |  | Applied For<br><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<br><del>NORMAN G. HENRICHON</del><br>BEVERLY HENRICHON<br>11311 A POPLIN AVE<br>ENGLEWOOD FL 34224 |  | 7. Name and Address of New Registered Agent<br>Name: <b>BEVERLY HENRICHON</b><br>Street Address (P.O. Box Number is Not Acceptable):<br><b>11311 A Poplin Ave.</b><br>City: <b>Englewood, Fl.</b> FL Zip Code: <b>34224</b> |  |
|--|--|---|--|

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: *Beverly Henrichon* DATE: *2/21/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|  |  |  |
|--|--|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2004</b> | 9. Election Campaign Financing<br>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> |
|--|--|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>OTTUM, TOM<br>22107 27TH AVE E<br>BRADENTON FL 34202 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CHARLES PETERS<br>620 SIMMONS AVE.<br>SARASOTA FL <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MICHAUD, NORMAND<br>2241 GULFVIEW RD<br>PUNTA GORDA FL 33950 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HUELSEBUSCH, BOB<br>13011 LAKE PINS COURT<br>FORT MYERS FL 33913 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>HENRICHON, BEVERLY<br>11311 A POPLIN AVE<br>ENGLEWOOD FL 34224 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BURNS, BERT<br>10 CADDY RD.<br>ROTONDA WEST FL 33947 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>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: *BEVERLY HENRICHON* *Beverly Henrichon* DATE: *2/21/04* 941-475-3812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR