2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N28990

1. Entity Name
SOUTHWEST FLORIDA WOODCARVERS EXHIBITION, INC.

Principal Place of Business	Mailing Address
BEVERYLY HENRICHON 11311 A POPLIN AVE ENGLEWOOD, FL 34224 US	BEVERYLY HENRICHON 11311 A POPLIN AVE ENGLEWOOD, FL 34224 US

DO NOT WRITE IN THIS SPACE

01262006 No Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HENRICHON, BEVERLY
11311 A POPLIN AVE
ENGLEWOOD, FL 34224

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROSEBROCK, KARL
STREET ADDRESS	2420 ARLINGTON ST
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	D
NAME	KAHN, LES
STREET ADDRESS	923 ROTONDA CIR
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	PD
NAME	MICHAUD, NORMAND
STREET ADDRESS	2241 GULFVIEW RD
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	VP
NAME	HUELSEBUSCH, BOB
STREET ADDRESS	13011 LAKE PINS COURT
CITY-ST-ZIP	FORT MYERS, FL 33913
TITLE	TD
NAME	HENRICHON, BEVERLY
STREET ADDRESS	11311 A POPLIN AVE
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	SD
NAME	BURNS, BERT
STREET ADDRESS	10 CADDY RD.
CITY-ST-ZIP	ROTONDA WEST, FL 33947

U00000433547
02/24/06-80023-007 61.25

DO NOT WRITE IN THIS SPACE

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: Beverly Henrichon 2/8/06 941-475-3812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #