

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90183 021 ****61.25

DOCUMENT # N28990

1. Entity Name

SOUTHWEST FLORIDA WOODCARVERS EXHIBITION, INC.



Principal Place of Business

Mailing Address

**BEVERLY HENRICHON
11311 A POPLIN AVE
ENGLEWOOD FL 34224
US**

**BEVERLY HENRICHON
11311 A POPLIN AVE
ENGLEWOOD FL 34224
US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HENRICHON, BEVERLY
11311 A POPLIN AVE
ENGLEWOOD FL 34224**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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: D ☐ Delete
NAME: ROSEBROCK, KARL
STREET ADDRESS: 2420 ARLINGTON ST
CITY- ST- ZIP: SARASOTA FL 34239

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: D ☒ Delete
NAME: KAHN, LES
STREET ADDRESS: 923 ROTONDA CIR
CITY- ST- ZIP: ROTONDA WEST FL 33947

TITLE: D ☐ Change ☒ Addition
NAME: JOHN FRANZ
STREET ADDRESS: 8022 GLENN Abby Cir.
CITY- ST- ZIP: Ft. Myers, FL 33912

TITLE: PD ☐ Delete
NAME: MICHAUD, NORMAND
STREET ADDRESS: 2241 GULFVIEW RD
CITY- ST- ZIP: PUNTA GORDA FL 33950

TITLE: D ☒ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: VP ☐ Delete
NAME: HUELSEBUSCH, BOB
STREET ADDRESS: 13011 LAKE PINS COURT
CITY- ST- ZIP: FORT MYERS FL 33913

TITLE: PD ☒ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: TD ☐ Delete
NAME: HENRICHON, BEVERLY
STREET ADDRESS: 11311 A POPLIN AVE
CITY- ST- ZIP: ENGLEWOOD FL 34224

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: SD ☒ Delete
NAME: BURNS, BERT
STREET ADDRESS: 10 CADDY RD.
CITY- ST- ZIP: ROTONDA WEST FL 33947

TITLE: SD ☐ Change ☒ Addition
NAME: Ted Appel
STREET ADDRESS: 3403 BLITMAN ST.
CITY- ST- ZIP: Ft. Charlotte, FL 33981

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

3/27/07 941-475-3812