2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2008 8:00 am
Secretary of State
04-04-2008 90027 008 ****61.25

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

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
CHARLENE LOWE	CHARLENE LOWE
Suite, Apt. #, etc. 5721 STONEHAVEN DR	Suite, Apt. #, etc. 5721 STONEHAVEN DR
City & State N. FORT MYERS, FL	City & State N. FORT MYERS, FL
Zip 33903 Country US	Zip 33903 Country US

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: CHARLENE A. LOWE Street Address (P.O. Box Number is Not Acceptable): 5721 STONEHAVEN DR City: N. FORT MYERS FL Zip Code: 33903

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: Charlene A. Lowe 3/24/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSEBROCK, KARL 2420 ARLINGTON ST SARASOTA FL 34239	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANZ, JOHN 8022 GLENN ABBY CIR FORT MYERS FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHAUD, NORMAND 2241 GULFVIEW RD PUNTA GORDA FL 33950	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HUELSEBUSCH, BOB 13011 LAKE PINS COURT FORT MYERS FL 33913	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HENRICHON, BEVERLY 11311 A POPLIN AVE ENGLEWOOD FL 34224	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER LOWE, CHARLENE 5721 STONEHAVEN DR. N. FORT MYERS, FL 33903	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD APPES, TED 3403 BLITMAN ST PORT CHARLOTTE FL 33981	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Charlene Lowe 3-24-08 239-656-5983