

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90469 034 \*\*\*\*70.00

**DOCUMENT # N28990**

1. Entity Name

**SOUTHWEST FLORIDA WOODCARVERS EXHIBITION, INC.**



Principal Place of Business

~~C/O G JAKE NORMAN  
11311 A POPLIN AVE  
ENGLEWOOD FL 34224  
US~~

Mailing Address

~~C/O G JAKE NORMAN  
11311 A POPLIN AVE  
ENGLEWOOD FL 34224  
US~~

2. Principal Place of Business

**BEVERLY HENRICHON**

Suite, Apt. #, etc.

**11311 A Poplin Ave**

City & State

**Englewood, Fl.**

Zip

**34224**

Country

**US**

3. Mailing Address

**Beverly Henrichon**

Suite, Apt. #, etc.

**11311 A Poplin Ave**

City & State

**Englewood, Fl.**

Zip

**34224**

Country

**US**



CHECK HERE IF MAKING CHANGES

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

~~NORMAN, G J  
11311 A POPLIN AVE  
ENGLEWOOD FL 34224~~

7. Name and Address of New Registered Agent

Name **Beverly Henrichon**  
Street Address (P.O. Box Number is Not Acceptable)

**11311 A Poplin Ave.**

City **Englewood**

FL

Zip Code

**34224**

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*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/20/03**

**FILE NOW: FEE IS \$61.25**

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 **V**  Delete  
NAME **OTTUM, TOM**  
STREET ADDRESS **22107 27TH AVE E**  
CITY-ST-ZIP **BRADENTON FL 34202**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **CHARLES PETERS**  
STREET ADDRESS **620 SIMMONS AVE.**  
CITY-ST-ZIP **SARASOTA FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD**  Delete  
NAME **NORMAN, G J**  
STREET ADDRESS **435 16TH AVE SE #573**  
CITY-ST-ZIP **LARGO FL 33771**

TITLE **PD**  Change  Addition  
NAME **michaud, Normand**  
STREET ADDRESS **3241 Gulfview Rd.**  
CITY-ST-ZIP **Punta Gorda, Fl. 33950**

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/03 (941) 475-3812**

CR2E037 (10/02)