


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N37519 1. Entity Name CHARLOTTE COUNTY WOODCARVERS CLUB, INC.	
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Principal Place of Business BAY FRONT CENTER 750 W. RETTA ESPLANDE PUNTA GORDA, FL 33950 US	Mailing Address 220 BELAIRE CT PUNTA GORDA, FL 33950 US
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DO NOT WRITE IN THIS SPACE



02032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0140278	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOEST, FRED
220 BELAIRE CT
PUNTE GORDA, FL 33950

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERRMANN, RAY 2100 KINGS HWY #299 PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWARTS, BOB 2295 BENGAL CT PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENRICHIN, BEVERLY 11311-A POPLIN ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/10/05-80070-024 61.25

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IN THIS SPACE**

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 2/8/05 941-475-3812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #