
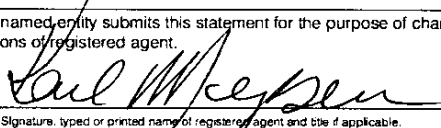
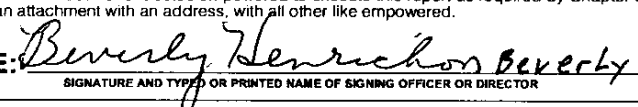


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90001 032 ****61.25

DOCUMENT # N37519 1. Entity Name CHARLOTTE COUNTY WOODCARVERS CLUB, INC.					
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		
2. Principal Place of Business Boat Club Building Suite, Apt. #, etc. 802 W. Retta Esplanade City & State		3. Mailing Address 138 Leland ST. S.E. Suite, Apt. #, etc. City & State Port Charlotte, FL			
Zip Country		Zip 33952 Country US		4. FEI Number 65-0140278 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01302006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent JOEST, FRED 220 BELAIRE CT PUNTE GORDA, FL 33950			7. Name and Address of New Registered Agent Name Karl Jepsen Street Address (P.O. Box Number is Not Acceptable) 138 Leland Street, S.E. City Port Charlotte, FL Zip Code 33952		
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  Karl Jepsen DATE 30 Jan 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	T HERRMANN, RAY 2100 KINGS HWY #299 PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ted Appel 3403 BITMAN ST. PORT CHARLOTTE, FL 33981 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWARTS, BOB 2295 BENGAL CT PUNTA GORDA, FL 33983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENRICHIN, BEVERLY 11311-A POPLIN ENGLEWOOD, FL 34224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 Henrichin, Pres. DATE 30 Jan 2006 DAYTIME PHONE # 941-475-3812 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					