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Mar 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42401 (2)

1. Corporation Name

WOODCRAFTERS CLUB OF TAMPA, INC.

Principal Place of Business

BLAKE ADULT & COMMUNITY SCHOOL
1125 SPUCE STREET
TAMPA FL 33607

Mailing Address

BLAKE ADULT & COMMUNITY SCHOOL
1125 SPUCE STREET
TAMPA FL 33607-3625

3. Date Incorporated or Qualified
03/08/1991

3a. Date of Last Report
05/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 WOODCRAFTERS CLUB OF TAMPA

22 City & State

27 7716 W. HIAWATHA ST

23 Zip

Country

28 TAMPA, FL

Zip

29 33615

Country

30 HILLSBOROUGH

4. FEI Number

59-3075392

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOUNT, CHARLES J
7716 W. HIAWATHA STREET
TAMPA FL 33615

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FISCHER, JOHN J
STREET ADDRESS 1519 12TH STREET N.E.
CITY-ST-ZIP RUSKIN FL 33570 ☒ DELETE

1.1 TITLE PD
1.2 NAME DINSMORE, LOIS
1.3 STREET ADDRESS 931 HAPPY LANE
1.4 CITY-ST-ZIP TAMPA, FL 33613 ☒ Change ☐ Addition

TITLE VPD
NAME DINSMORE, LOIS
STREET ADDRESS 931 HAPPY LANE
CITY-ST-ZIP TAMPA FL 33613 ☒ DELETE

2.1 TITLE
2.2 NAME DANAHY, WILLIAM H.
2.3 STREET ADDRESS 5810 TOWN 'N' COUNTRY BLVD.
2.4 CITY-ST-ZIP TAMPA, FL 33615 ☐ Change ☒ Addition

TITLE TD
NAME MOUNT, CHARLES J
STREET ADDRESS 7716 W. HIAWATHA STREET
CITY-ST-ZIP TAMPA FL 33615 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CHARLES J. MOUNT *Charles J. Mount* 2/2/97 813 3-1147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047472

CR2E037 (9/96)