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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42401** (2)

1. Corporation Name
WOODCRAFTERS CLUB OF TAMPA, INC.



Principal Place of Business BLAKE ADULT & COMMUNITY SCHOOL 1125 SPRUCE STREET TAMPA FL 33607	Mailing Address WOODCRAFTERS CLUB OF TAMPA 7716 W. HIAWATHA ST TAMPA FL 33615
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3. Date Incorporated or Qualified
03/08/1991

4. FEI Number
59-3075392

2. Principal Place of Business 21 DAVID M. BARKSDALE CENTER Suite, Apt. #, etc. 22 214 N. BOULEVARD City & State 23 TAMPA, FL Zip 24 33606	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 HUSBOROUGH
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	DINSMORE, LOIS ☒ DELETE	1.1 TITLE SECRETARY ☒ Change ☐ Addition	SD
NAME DINSMORE, LOIS		1.2 NAME DINSMORE, LOIS	
STREET ADDRESS 931 HAPPY LANE		1.3 STREET ADDRESS 931 HAPPY LANE	
CITY-ST-ZIP TAMPA FL 33613		1.4 CITY-ST-ZIP TAMPA FL 33613	
TITLE VPD ☒ DELETE	DANAHER, WILLIAM H ☒ DELETE	2.1 TITLE PRESIDENT ☐ Change ☒ Addition	PD
NAME DANAHER, WILLIAM H		2.2 NAME AVERY, DON	
STREET ADDRESS 5810 TOWN 'N' COUNTRY BLVD		2.3 STREET ADDRESS 109 S BUNGALOW PARK	
CITY-ST-ZIP TAMPA FL 33615		2.4 CITY-ST-ZIP TAMPA FL 33609	
TITLE TD ☐ DELETE	MOUNT, CHARLES J ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME MOUNT, CHARLES J		3.2 NAME	
STREET ADDRESS 7716 W. HIAWTHA STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33615		3.4 CITY-ST-ZIP	
TITLE ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 _____ **1/2/98 912 888-8516**

CR2E037 (10/97)