

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90020 014 \*\*\*\*61.25



**DOCUMENT # N42401**  
 1. Entity Name  
**WOODCRAFTERS CLUB OF TAMPA, INC.**

Principal Place of Business  
**BROAD ST BAPTIST CHURCH**  
**3309 W. BROAD ST**  
**TAMPA, FL 33634 US**

Mailing Address  
**4402 HENDERSON BLVD**  
**TAMPA, FL 33629**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02062006 Chg-NP CR2E037 (11/05)

City & State  
 Zip Country

4. FEI Number  
**59-3075392**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**SMITH, WILLIAM J**  
**4402 HENDERSON BLVD**  
**TAMPA, FL 33629**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 WILLIAM J. SMITH *William J Smith* 2-8-06  
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, 2006**

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, WILLIAM J	
STREET ADDRESS	4402 HENDERSON BLVD	
CITY - ST - ZIP	TAMPA, FL 33629	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SUKUP, JEFF	
STREET ADDRESS	12024 VERMILLION WAY	
CITY - ST - ZIP	RIVERVIEW, FL 33569	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACKADAR, VERNON	
STREET ADDRESS	11451 BROWNING RD	
CITY - ST - ZIP	LITHIA, FL 33547	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIMBALL, MARK	
STREET ADDRESS	PO BOX 18874	
CITY - ST - ZIP	TAMPA, FL 33679	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennings, Joe	
STREET ADDRESS	1103 E. Sligh Ave	
CITY - ST - ZIP	TAMPA, FL 33604	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: William J Smith 2-8-2006 813-837-4533  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #