

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90087 028 ****70.00

DOCUMENT # N42401

1. Entity Name
WOODCRAFTERS CLUB OF TAMPA, INC.



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

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-3075392

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, WILLIAM J
4402 HENDERSON BLVD
TAMPA, FL 33629**

7. Name and Address of New Registered Agent

Name

Joan Ochoa

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

6210 Sheldon Rd. #3001

City

TAMPA

FL

Zip Code

33615-3164

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

Joan V. Ochoa, Treasurer

02-07-07

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, 2007**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SMITH, WILLIAM J
4402 HENDERSON BLVD
TAMPA, FL 33629** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
JENNINGS, JOE
1103 E SLIGH AVE
TAMPA, FL 33604** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BLACKADAR, VERNON
11451 BROWNING RD
LITHIA, FL 33547** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KIMBALL, MARK
PO BOX 18874
TAMPA, FL 33679** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PACKARD, Doug
1705 W. ATKINSON ST.
Tampa, FL 33604** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ALEXANDER, Wayne
506 W. 122nd Ave
Tampa, FL 33612** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
FLICK, Hurley
5420 Lake LeClair
Lutz, FL 33558** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
OCHOA, Joan
6210 Sheldon Rd #3001
Tampa, FL 33615-3164** ☐ Change ☒ 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:

Joan V. Ochoa **Joan V. OCHOA**

02-07-07

885-1854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #