2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State
02-25-2008 90051 001 ****70.00

DOCUMENT # N42401

1. Entity Name
WOODCRAFTERS CLUB OF TAMPA, INC.

400314UU

Principal Place of Business	Mailing Address
BROAD ST BAPTIST CHURCH 3309 W. BROAD ST TAMPA, FL 33634 US	6210 SHELDON RD 3001 TAMPA, FL 33615

02202008 Chg-NP CR2E037 (12/06)

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

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	7. Name and Address of New Registered Agent
OCHOA, JOAN 6210 SHELDON RD #3001 TAMPA, FL 33615	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ALEXANDER, WAYNE 506 W. 122ND AVE TAMPA, FL 33612	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BETTY MORRIS 7215 TURNMORE DR. TAMPA, FL. 33634	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PACKARD, DOUG 1705 W. ATKINSON ST. TAMPA, FL 33604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TOM SOYKE 6403 SUMMERFIELD LOOP NEW PORT RICHEY, FL 34655	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACKADAR, VERNON 11451 BROWNING RD LITHIA, FL 33547	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIMBALL, MARK PO BOX 18874 TAMPA, FL 33679	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FLICK, HURLEY 5470 LAKE LECLARE LUTZ, FL 33558	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BARBARA PACKARD 1705 W. ATKINSON ST. TAMPA, FL. 33604	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OCHOA, JOAN 6210 SHELDON RD. #3001 TAMPA, FL 33615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 2/20/08 (813) 885-1854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #