## FILE NOW: FILING FEE IS \$61.25

NONPROFIT . CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State -

DIVISION OF CORPORATIONS

1996

N9400003450 (3) DOCUMENT #

FLORIDA WOOD COUNCIL, INC.							
Principal Place of	f Business	Mailing Address			I rediktet did terkt bidit eskil detil	Mittel Mitte Schall steit fradt freit mate tale.	
1303 LIMIT AVENUE MOUNT DORA FL 32757		POST OFFICE 1076 MOUNT DORA FL 32757-1076					
					3. Date Incorporated or Qualified 07/11/1994	3a. Date of Last Report 07/10/1995	
2. Principal Plac	e of Business	2a. Mailing Address 26			4. FEI Number 59-3269612	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del>-</del>		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees		
<b>Z</b> ip	Country	Zip	Country	,	8. This corporation has liability for	intangible tax under s. 199.032, ☐ Yes 【 No	
24	25	29	30		Fiorida Statutes  10. Name and Address of New F		
3	9. Name and Address of Curren	it Registered Agent		Librara	10. Name and Address of New P	tegistered Agent	
			81				
( SUMMER!	( SUMMERS, GARY L ESQ. 82				eet Address (P.O. Box Number is Not Acceptable)		
380 WEST ALFRED STREET				® 000001920640			
. TAVARES	FL 32778-3298		163		000001920640 		
ř.			84	City	***81.25	FL Zip Code	
1		1500 FL. 12- Ctab do	the charte	named corr	本字をは、ころ	rpose of changing its registered offic	
or registere familiar with	o the provisions of Sections 67,050s ed agent, or both, in the State of Flori h, and accept the obligations of, Section	da. Such change was authorize tion 617.0503, Florida Statutes.	ed by the cor	poration's b	poration submits this statement for the pulporation of directors. I hereby accept the app		
SIGNATURE _	Signature, typed or printed name of registered agen	t and title if applicable (NO	TE: Registered Ag	ent signature req	uired when reinstating!	DATE	
12.		ID DIRECTORS	13.			FICERS AND DIRECTORS IN 12  Change	
TITLE	P •	<b>™</b> DELETE	1 1 TITLE		President-P	Change L. Manney	
NAME	DUNN, SAM		1.2 NAMI		Burcaw, Terry		
STREET ADDRESS	415 ORANGE AVE			ET ADDRESS	13601 US 41 Springs Hill, Fl.	34610	
CITY - ST - ZIP	DAYTONA BEACH FL	CON DEL ETE	1.4 CITY		First Vice Presid	ent-D & Change Addition	
TITLE	PE	(X) DELETE	2 1 TITLE		Whiddon, Scott		
NAME	BURCAW, TERRY		2 2 NAM	1	P.O. Box 21088 N/	/A	
STREET ADDRESS	13601 US 41			ET ADDRESS	Ft. Lauderdale, F		
CITY-ST-ZIP	SPRING HILL FL	<b>™</b> DELETE	2 4 CITY 3 1 TiTL	r-ST-ZIP	Second Vice Presi	dent_rk Change Addition	
TITLE	T DOOR DOOR DOOR DOOR DOOR DOOR DOOR DOO	Morrere	3 2 NAM		ฟilson David		
NAME	HOLMES, ROGERS B., JR.			ET ADDRESS	P, O. Box 2328 N	/A	
STREET ADDRESS	6550 ROOSEVELT BLVD		l l	Y-ST-ZIP	Sayanna, GA. 3140	)2-2328	
CITY-ST-ZIP	JACKSONVILLE FL D	<b>∏</b> DELETE	41 TITL		Treasurer -T	Change Addition	
TITLE	PEARCE, ROBERT	<del>-</del>	4. 2 NA	VIE V	Holmes, Rogers B.	. Jr.	
NAME	900 W 15TH ST		4.3 STR	EET ADDRESS		/A	
STREET ADDRESS	WEST PALM BEACH FL			r-ST-ZIP	Jacksonville, Fl	32230-1301	
CITY-ST-ZIP	D	<b>™</b> DEL£TE	5.1 Tift		Secretary - D	Change Addition	
NAME	BLYTHE, C.D.		52 NA)	AE (	Gallagher, Chuck		
STREET ADDRESS	GREEN ST EXTENSION		5.3 STR	EET ADDRESS	1212 Magellan Dr. Sarasota, Fl. 34	243	
CITY-ST-ZIP	WELDON NC		5.4 CIT	Y-ST-ZIP		Tours I Addition	
TITLE	D	<b>⊠</b> DELETE	61 TIT	.E	Executive Director	-D Change 1 Addition	
NAME	MARX, KATHY		6.2 NAI				
	2900 INDIANA AVE		63ST	REET ADDRESS	P. O.Box 1076 N/A		
CITY-ST-ZIP	KENNER LA		6 4 CH	Y-ST-ZIP	Nount Dora FL 327	19 07(3)(h) Florida Statutes, I further	
14. I do here	by certify that the information supplie	d with this filing is voluntarily full agual report or supplemental an	mished and d inual report is	ioes not qua true and ac	ccurate and that my signature shall have	he carne togal effect is it made under	
certify the oath; tha appears	at I am an officer or director of the cor in Block 12 or Block 13 if changed, c	poration or the receiver or trust or on an attachment with an ad-	tee empower dress.	ed to execut	P. 0.Box 1076 N/A  Nount Dora Fl 327  saling for the exemption stated in Section  corrate and that my signature shall have te this report as required by Chapter 612	Prioricia Statuto Janio Iliactity harris	

GOODE W. TUCKER SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1383-1165 352<sup>(</sup>

Daytime Phone #

CR2E037 (12/95)