

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90021 012 ****61.25

DOCUMENT # N94000003450

1. Entity Name

FLORIDA WOOD COUNCIL, INC.



Principal Place of Business

1303 LIMIT AVE
MOUNT DORA FL 32757
US

Mailing Address

PO BOX 1667
MT DORA FL 32756
US

44010000



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3269612

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SUMMERS, GARY-L-ESQ.
380 WEST ALFRED STREET
TAVARES FL 32778-3298

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 PD
NAME HUNTER, RICK
STREET ADDRESS 75 W HOLDEN AVE
CITY-ST-ZIP ORLANDO FL 32839-2900 ☐ Delete

TITLE D
NAME SMART, LARRY
STREET ADDRESS 5330 PINKNEY AVENUE
CITY-ST-ZIP SARASOTA FL 34276 ☐ Delete

TITLE D
NAME DIETRICH, ED
STREET ADDRESS 77 SE 2ND AVENUE
CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Delete

TITLE P
NAME BAAB, CHARLIE
STREET ADDRESS 7751 BAYSHORE ROAD
CITY-ST-ZIP FORT MYERS FL 33917 ☐ 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 D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE VP ☐ Change ☒ Addition
NAME Cliff Jones
STREET ADDRESS P.O. Box 0
CITY-ST-ZIP Griffin, GA 30224-0049

TITLE Philip A. Skorpach ☐ Change ☒ Addition
NAME
STREET ADDRESS 3823 Queens Road
CITY-ST-ZIP Yulee, FL 32097

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

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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/04 352/3830366