

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003450

FILED
Jan 22, 2008
Secretary of State

Entity Name: FLORIDA WOOD COUNCIL, INC.

Current Principal Place of Business:

1303 LIMIT AVE
MOUNT DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1667
MT DORA, FL 32756 US

New Mailing Address:

FEI Number: 59-3269612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUMMERS, GARY L ESQ.
380 WEST ALFRED STREET
TAVARES, FL 327783298 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: OSTEEN, ALLEN
Address: 308 AVENUE
City-St-Zip: FORT PIERCE, FL 34950

Title: PP () Delete
Name: SMART, LARRY
Address: 504 BOXWOOD LANE
City-St-Zip: ENGELWOOD, FL 34223

Title: D () Delete
Name: TUCKER, BILL
Address: 1303 LIMIT AVENUE
City-St-Zip: MOUNT DORA, FL 32757

Title: P () Delete
Name: WANZENBERG, BRAD
Address: 77 ED DIETRICH SR AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: OSTEEN, ALLEN
Address: 308 AVENUE
City-St-Zip: FORT PIERCE, FL 34950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: GAINES, RON
Address: 3214 WEST TACON STREET
City-St-Zip: TAMPA, FL 33629

Title: VP () Change (X) Addition
Name: BAGWELL, LARRY
Address: P.O. BOX 530128
City-St-Zip: DEBARY, FL 32753

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY C. ASKEW

DIRE

01/22/2008

Electronic Signature of Signing Officer or Director

Date