

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003450

FILED  
Feb 15, 2011  
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: P  
Name: WANZENBERG, BRAD  
Address: 77 ED DIETRICH SR AVENUE  
City-St-Zip: DEERFIELD BEACH, FL 33441

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

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

Title: T  
Name: OSTEEN, ALLEN  
Address: 308 AVENUE A  
City-St-Zip: FORT PIERCE, FL 34950

Title: D  
Name: GAINES, RON  
Address: 3214 WEST TACON STREET  
City-St-Zip: TAMPA, FL 33629

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

I hereby 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 all other like empowered.

SIGNATURE: GEORGE W. TUCKER

D

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date