2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005627

FILED Mar 21, 2005 Secretary of State

Entity Name: THE WOODS AND WANTON CHAPTER, INC.

Current Principal Place of Business: New Principal Place of Business: 8275 JENNIFER LANE SEMINOLE, FL 33777 **Current Mailing Address: New Mailing Address:** PO BOX 76582 TAMPA, FL 336751585 FEI Number: 95-4438131 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WARE, IRA L JOHNSON, DON L 3010 NORTH YBOR ST. 8275 JENNIFER LANE US TAMPA, FL 33605 SEMINOLE, FL 33777 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: DON L JOHNSON 03/21/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BELL, FRANK JR Name: Name: 5401 LOCKLEAR PLACE Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: REDDICK, LONNIE Name: Address: 19812 DEER HOLLOW LANE Address: City-St-Zip: LUTZ, FL 33549 City-St-Zip: Title: VD () Delete Title: () Change () Addition CAROLINA, LEROY Name: Name: 1516 STORINGTON AVE. Address: Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: Title: () Delete Title: () Change () Addition Name: REDDICK, GAIL Name: 19812 DEER HOLLOW LANE Address: Address: City-St-Zip: LUTZ, FL 33549 City-St-Zip: Title: () Delete Title: () Change () Addition PADGETT, JOHNS H SR Name: Name: 8724 NORTH 27TH STREET Address: Address: City-St-Zip: TAMPA, FL 33604 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, DON L Name: Name: Address: 8275 JENNIFER Address: LARGO, FL 33777 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DON L JOHNSON AT 03/21/2005