

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90006 014 \*\*\*\*61.25

**DOCUMENT # N99000005788**

1. Entity Name  
**HANDS - ON WOODTURNERS, INC.**



Principal Place of Business  
**2799 W. LIVEOAK ST.**  
**LECANTO, FL 34461** **US**  
**111 E. KELLER CT.**  
**HERNANDO, FL 34442**

Mailing Address  
**2799 W. LIVEOAK ST.**  
**LECANTO, FL 34461** **US**  
**111 E. KELLER CT.**  
**HERNANDO, FL 34442**

**40008613**



2. Principal Place of Business - No P.O. Box #  
**111 E. KELLER CT.**

3. Mailing Address  
**111 E. KELLER CT.**

01292007 Chg-NP CR2E037 (12/06)

City & State  
**HERNANDO, FL.**

City & State  
**HERNANDO, FL**

4. FEI Number  
**65-0957574**

Applied For  
Not Applicable

Zip  
**34442**

Country  
**CITRUS**

Zip  
**34442**

Country  
**CITRUS**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BROWNING, RONALD J**  
**2799 W. LIVEOAK ST**  
**LECANTO, FL 34461**

**7. Name and Address of New Registered Agent**

Name  
**FRANK SOSPENZI**

Street Address (P.O. Box Number is Not Acceptable)  
**111 E. KELLER CT.**

City  
**HERNANDO** **FL** Zip Code  
**34442**

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 **Frank Sospenzi**

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

(NOTE: Registered Agent signature required when reinstating)

**1-30-07**

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	BROWNING, RONALD J	2799 W LIVEOAK ST	LECANTO, FL 34461	<input checked="" type="checkbox"/>
VD	CORTESE, TONY	20850 NW 13TH ST	DUNNELLON, FL 34431	<input type="checkbox"/>
TD	SOSPENZI, FRANK	111 EAST KELLER CT	HERNANDO, FL 34442	<input type="checkbox"/>
D	CATON, AL	11882 BLUE HERON CT	DUNNELLON, FL 34432	<input type="checkbox"/>
SD	HABEDANK, OTTO	14696 SW 110 CR	DUNNELLON, FL 34432	<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	NICK DIMONA	3731 W. PROMONTORY DR	BEVERLY HILLS, FL 34442	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Frank Sospenzi**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-30-07** **(352) 746-5805**

Date

Daytime Phone #