

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005788

FILED
Feb 01, 2009
Secretary of State

Entity Name: HANDS - ON WOODTURNERS, INC.

Current Principal Place of Business:

111 E KELLER CT
HERNANDO, FL 34442 US

New Principal Place of Business:

Current Mailing Address:

111 E KELLER CT
HERNANDO, FL 34442 US

New Mailing Address:

FEI Number: 65-0957574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOSPENZI, FRANK
111 E KELLER CT
HERNANDO, FL 34442 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 () Delete
Name: DIMONA, NICK
Address: 3731 W PROMONOTORY DRIVE
City-St-Zip: HERNANDO, FL 34442

Title: VD () Delete
Name: CORTESE, TONY
Address: 20850 NW 13TH ST
City-St-Zip: DUNNELLON, FL 34431

Title: TD () Delete
Name: SOSPENZI, FRANK
Address: 111 EAST KELLER CT
City-St-Zip: HERNANDO, FL 34442

Title: D () Delete
Name: CATON, AL
Address: 11882 BLUE HERON CT
City-St-Zip: DUNNELLON, FL 34432

Title: SD () Delete
Name: HABEDANK, OTTO
Address: 14696 SW 110 CR
City-St-Zip: DUNNELLON, FL 34432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: FRANK SOSPENZI

TD

02/01/2009

Electronic Signature of Signing Officer or Director

Date