

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000002907

**Entity Name:** WOOLFGANG CUBHOUSE CORP.

**Current Principal Place of Business:**

432 DOMINO DR  
ORLANDO, FL 32805

**Current Mailing Address:**

495 BRITTEN DR  
KISSIMMEE, FL 34758 US

**FEI Number:** 47-3487566

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

WOOLFORK, DANIEL  
495 BRITTEN DR  
KISSIMMEE, FL 34758 US

*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:** DANIEL WOOLFORK

09/01/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WOOLFORK, DANIEL  
Address 7229 WOODHILL PARK DRIVE,  
APT.320  
City-State-Zip: ORLANDO FL 32818

Title TD  
Name WOOLFORK, PENNY  
Address 7229 WOODHILL PARK DRIVE,  
APT.320  
City-State-Zip: ORLANDO FL 32818

Title D  
Name DOPSON, CHRISTINE  
Address 7229 WOODHILL PARK DRIVE,  
APT.320  
City-State-Zip: ORLANDO FL 32818

Title S  
Name MCQUAY, REO  
Address 7229 WOODHILL PARK DRIVE,  
APT.320  
City-State-Zip: ORLANDO FL 32818

Title D  
Name MITCHELL, JANIE  
Address 7229 WOODHILL PARK DRIVE,  
APT.320  
City-State-Zip: ORLANDO FL 32818

*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:** PENNY WOOLFORK

OWNER

09/01/2016

Electronic Signature of Signing Officer/Director Detail

Date