2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 16, 2006 8:00 am **Secretary of State** DOCUMENT # N02000001192 1. Entity Name 03-16-2006 90247 050 ****61.25 WELCOME WAGON CLUB OF SEMINOLE SPOKES, INC. Principal Place of Business Mailing Address PO BOX 915493 LONGWOOD FL 32791-5493 PO BOX 915493 LONGWOOD FL 32791-5493 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For City & State 4. FEI Number 59-1689369 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMPSON, JUDITH H Street Address (P.O. Box Number is Not Acceptable) 210 PINE CONE LANE LONGWOOD FL 32779 Zio Code 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE MARGE Lynchic Oak Drive HAAS, GINGER NAME NAME 87 GOODDARD DRIVE STREET ADDRESS STREET ADDRESS Apopka Ft 32712 DEBARY FL 32713 CITY-ST-ZIP CITY-ST-7/P Christme Knglt 1VPD TITLE ☐ Change Z Addition 🖊 Delete TITLE ZELNIK, NANCY NAME NAME 1702 Majestio Oak 1917 PRECIOUS CIRCLE STREET ADDRESS STREET ADDRESS APOPKA FL 32712 Apopka FL 32712 CITY-ST-ZIP CITY-ST-7IP TITLE C1VP TITLE Addition 🔲 Nelete DORGEN PALMISSAND 132 Kenilworth Cir R102 PALMISANO, DOREEN NAME NAME STREET ADDRESS 528 QUAIL LAKE DRIVE STREET ADDRESS CITY-ST-ZIP DEBARY FL 32713 CITY-ST-7/P Heathern FL 32746 Recording Secretary 2VP TITLE Delete Addition TITLE ☐ Change NAME LYNCH, MARCH NAME Pat FRY 122 Fellowship Dries STREET ADDRESS 1333 MAJESTIC OAKS DR STREET ADDRESS CITY-ST-ZIP APOPKA FL 32713 CITY-ST-ZIP 2VPD HILE Delete TITLE ☐ Change ☐ Addition SANDERS, PEGGY NAME 2361 WALNUT HEIGHTS RD STREET ADDRESS STREET ADDRESS APOPKA FL 32703 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition THOMPSON, JUDITH NAME NAME 210 PINE CONE LANE STREET ADDRESS STREET ADDRESS LONGWOOD FL 32779 -4/9// CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _

Gridge N Dronpsin

3-4-06

FILED

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