2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State
02-09-2007 90028 017 ****61.25

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1. Entity Name
WELCOME WAGON CLUB OF SEMINOLE SPOKES, INC.

400129U

Principal Place of Business	Mailing Address
PO BOX 915493 LONGWOOD, FL 32791-5493	PO BOX 915493 LONGWOOD, FL 32791-5493

01242007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1689369 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMPSON, JUDITH H 210 PINE CONE LANE LONGWOOD, FL 32779	Name: Knight, Christine Street Address (P.O. Box Number is Not Acceptable): 1702 Majestic Oak Dr. City: Apopka FL Zip Code: 32712

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: Christine Knight 2-1-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LYNCH, MARGE 1333 MAJESTIC OAK FR APOPKA, FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Lynch, Marge 1333 Majestic Oak Dr Apopka, FL 32712	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VPD KNIGHT, CHRISTINE 1702 MAJESTIC OAK APOPKA, FL 32712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1 VP Thompson, Judith 210 Pine Cone Lane Longwood, Fl 32779	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP PALMISSANO, DOREEN 732 KENIL NORTH CIR 102 LAKE MARY, FL 32746	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2 VP Wampole, Margene 1343 S. Ridge Lake Circle Longwood, Fl 32750	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SS FRY, PAT 622 FELLOWSIP DR CASSELBERRY, FL 32730	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SS Fry, Pat 622 Fellowship Dr. Casselberry, Fl 32730	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VPD SANDERS, PEGGY 2361 WALNUT HEIGHTS RD APOPKA, FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2 VPD Sanders, Peggy 2361 Walnut Heights Rd Apopka, Fl 32703	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T THOMPSON, JUDITH 210 PINE CONE LANE LONGWOOD, FL 32779	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Knight, Christine 1702 Majestic Oak Dr. Apopka, Fl 32712	☒ Change ☐ Addition

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: Christine Knight 2-1-07 407-886-6464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #