

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009909

FILED
Apr 20, 2008
Secretary of State

Entity Name: THE WINTER SPRINGS GRIZZLIES, INC.

Current Principal Place of Business:

165 E BAHAMA RD.
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

PO BOX 196145
WINTER SPRINGS, FL 327196145

New Mailing Address:

FEI Number: 20-0917082 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GEBAUER, KAREN
486 SEMINOLE WOODS BLVD
GENEVA, FL 32732 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: CD () Delete
Name: GEBAUER, KAREN
Address: 486 SEMINOLE WOOD BLVD
City-St-Zip: GENEVA, FL 32732

Title: PD () Delete
Name: BONURA, JOSEPH
Address: 165 E BAHAMA RD
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: POTTS, KRISTEN
Address: 341 RIUNITE CIRLCE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD () Delete
Name: DAY, ALLISON
Address: 687 ENDEAVOR DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: DIGHTAS, TRACY
Address: 319 RIUNITE CIR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD () Delete
Name: BARWICK, TRACY
Address: 618 FISHER ROAD
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: LUCE, JONI
Address: 1235 WINDING CHASE RD
City-St-Zip: WINTER SPRINGS, FL 32708

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

Title: D (X) Change () Addition
Name: POTTS, SANDY
Address: 341 RIUNITE CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

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: KAREN GEBAUER

CD

04/20/2008

Electronic Signature of Signing Officer or Director

Date