

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011849

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: WINTER HAVEN COTILLION CLUB, INC.

**Current Principal Place of Business:**

1324 E. LAKE CANNON DRIVE NW  
WINTER HAVEN, FL 338812334 US

**New Principal Place of Business:**

**Current Mailing Address:**

1324 E. LAKE CANNON DRIVE NW  
WINTER HAVEN, FL 338812334 US

**New Mailing Address:**

PO BOX 1534  
WINTER HAVEN, FL 33882 US

FEI Number: 36-4624310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THRELKELD, CYNDI  
1324 E. LAKE CANNON DRIVE NW  
WINTER HAVEN, FL 338812334 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/S ( ) Delete  
Name: THRELKELD, CYNDI  
Address: 1324 E. LAKE CANNON DRIVE NW  
City-St-Zip: WINTER HAVEN, FL 338812334 US

Title: VP/T ( ) Delete  
Name: LARREA, KELLY  
Address: 1300 E. LAKE CANNON DRIVE NW  
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: CEO ( ) Delete  
Name: DOYLE, MARTHA  
Address: 2994 PLANTATION ROAD SE  
City-St-Zip: WINTER HAVEN, FL 33884 US

**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:

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: CYNDI THRELKELD

PRES

04/24/2008

Electronic Signature of Signing Officer or Director

Date