

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 27, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000001223

1. Entity Name

WAYNE DENSCH CENTER, INC.



Principal Place of Business

100-102 KINGSTON CT
ORLANDO, FL 32810 US

Mailing Address

100-102 KINGSTON CT
ORLANDO, FL 32810 US



08032004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1512999

Applied For

Not Applicable

5. Certificate of Status: Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, THOMAS R
105 EAST ROBINSON
SUITE 201
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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

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 September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLIAMS, LEONARD E
STREET ADDRESS	2518 NORFOLK ROAD
CITY - ST - ZIP	ORLANDO, FL 32803
TITLE	D
NAME	WILLIAMS, JOHN A
STREET ADDRESS	3252 WINDING PINE TL.
CITY - ST - ZIP	LONGWOOD, FL 32779
TITLE	D
NAME	ALLEN, THOMAS R
STREET ADDRESS	105 E. ROBINSON, SUITE 201
CITY - ST - ZIP	ORLANDO, FL 32801
TITLE	D
NAME	COATS, JOE R
STREET ADDRESS	1831 TURNBERRY TERR
CITY - ST - ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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09/27/04-80002-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Joe R Coats* **Joe R Coats**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/04
Date

407-523-6376
Daytime Phone #