

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001223

FILED
Jun 16, 2009
Secretary of State

Entity Name: WAYNE DENSCH CENTER, INC.

Current Principal Place of Business:

100-102 KINGSTON CT
ORLANDO, FL 32810 US

New Principal Place of Business:

Current Mailing Address:

100-102 KINGSTON CT
ORLANDO, FL 32810 US

New Mailing Address:

FEI Number: 31-1512999 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: D () Delete
Name: WILLIAMS, LEONARD E
Address: 2518 NORFOLK ROAD
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: WILLIAMS, JOHN A
Address: 3252 WINDING PINE TL.
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: ALLEN, THOMAS R
Address: 105 E. ROBINSON, SUITE 201
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: COATS, JOE R
Address: 1831 TURNBERRY TERR
City-St-Zip: ORLANDO, FL 32804

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:

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: CAROLE F. MASON

PRES

06/16/2009

Electronic Signature of Signing Officer or Director

Date