

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004168

**FILED**  
**Feb 25, 2014**  
**Secretary of State**  
**CC7810443537**

**Entity Name:** WINTER HAVEN HOUSING SUPPORTIVE SERVICES, INC.

**Current Principal Place of Business:**

2653 AVE C S.W.  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

2653 AVE C S.W.  
WINTER HAVEN, FL 33880

**FEI Number: 45-2850542**

**Certificate of Status Desired: No**

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

REED & MAWHINNEY, P.L.  
1611 HARDEN BLVD.  
LAKELAND, FL 33803 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: ANDREW M. REED, ESQ.**

**02/25/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name STANISLAUS, BREEZI  
Address 2653 AVE C S.W.  
City-State-Zip: WINTER HAVEN FL 33880

Title PD  
Name HUDSON, J.L.  
Address 2653 AVE C S.W.  
City-State-Zip: WINTER HAVEN FL 33880

Title D  
Name HUDSON, JUDY  
Address 2653 AVE C S.W.  
City-State-Zip: WINTER HAVEN FL 33880

Title S  
Name LANDERS, LISA J  
Address 2653 AVE C S.W.  
City-State-Zip: WINTER HAVEN FL 33880

Title D  
Name HOGAN, JAMES CAPT  
Address 2653 AVE C S.W.  
City-State-Zip: WINTER HAVEN FL 33880

Title VPD  
Name THOME, MURIEL  
Address 2653 AVE C S.W.  
City-State-Zip: WINTER HAVEN FL 33880

*I hereby 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 all other like empowered.*

**SIGNATURE: LISA LANDERS**

**SECRETARY**

**02/25/2014**

Electronic Signature of Signing Officer/Director Detail

Date