# 2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N11000004168

Entity Name: WINTER HAVEN HOUSING SUPPORTIVE SERVICES, INC.

FILED
Oct 05, 2018
Secretary of State
CC7748331235

#### **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 & LINK, PLLC 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 10/05/2018

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

TitleDIRECTOR, VPTitleDIRECTORNameHICKS, BREEZINameHUDSON, J.L.Address2653 AVE C S.W.Address2653 AVE C S.W.

City-State-Zip: WINTER HAVEN FL 33880 City-State-Zip: WINTER HAVEN FL 33880

TitleSECRETARYTitleDIRECTORNameLANDERS, LISA JNameHOGAN, JAMESAddress2653 AVE C S.W.Address2653 AVE C S.W.

City-State-Zip: WINTER HAVEN FL 33880 City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR, PRESIDENT

Name THOME, MURIEL Address 2653 AVE C S.W.

City-State-Zip: WINTER HAVEN FL 33880

SIGNATURE: LISA J. LANDERS

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.

Electronic Signature of Signing Officer/Director Detail

SECRETARY

10/05/2018