

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007888

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** WEST POINT SOCIETY OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

3849 ROUSE RD.  
ORLANDO, FL 32718

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 623002  
OVIEDO, FL 32762

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

TAVRIDES, MATTHEW A P.A.  
711 W. HARVARD STREET  
ORLANDO, FL 32804 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: D  
Name: WARTSKI, JIM  
Address: 658 W PALM VALLEY DR  
City-St-Zip: OVIEDO, FL 32765

Title: DV  
Name: KELSO, TOM  
Address: 774 KINGSBRIDGE DR  
City-St-Zip: OVIEDO, FL 32765

Title: D  
Name: HALSEY, JACK  
Address: ONE JOHN ANDERSON DRIVE #501  
City-St-Zip: ORMAOND BEACH, FL 321765789

Title: DT  
Name: KENNEDY, STEVE  
Address: 1104 NORTHERN WAY  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D  
Name: O'CONNELL, JOE  
Address: 3391 MORELYN CREST CIRCLE  
City-St-Zip: ORLANDO, FL 32828

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: JIM WARTSKI

D

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date