

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007888

FILED
Apr 05, 2012
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:

3849 ROUSE RD.
ORLANDO, FL 32718 UN

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: MATTHEW A. TAVRIDES

RA

04/05/2012

Electronic Signature of Signing Officer or Director

Date