

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90544 006 \*\*\*\*61.25

<b>DOCUMENT # N01000006505</b>					
<b>1. Entity Name</b> GREATER SUN CITY, CENTER FL CHAPTER, SPEBSQSA, INC.					
<b>Principal Place of Business</b> SUN CITY CENTER 2953 DEL WEBB BLVD SUN CITY BEACH, FL 33573			<b>Mailing Address</b> SUN CITY CENTER 2953 DEL WEBB BLVD SUN CITY BEACH, FL 33573		
<b>2. Principal Place of Business</b> SUN CITY CENTER Suite, Apt. #, etc. 2453 DEL WEBB BLVD. EAST		<b>3. Mailing Address</b> SUN CITY CENTER Suite, Apt. #, etc. 2453 DEL WEBB BLVD. EAST			
City & State SUN CITY CENTER, FL		City & State SUN CITY CENTER, FL		4. FEI Number 91-2122273	
Zip 33573		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WISNER, WILFORD SUN CITY CENTER 2453 DEL WEBB BLVD. EAST SUN CITY BEACH, FL 33573				<b>7. Name and Address of New Registered Agent</b> Name WISNER, WILFORD Street Address (P.O. Box Number is Not Acceptable) 2453 DEL WEBB BLVD. EAST City SUN CITY CENTER, FL Zip Code 33573	
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROBOSE, JOHN 394 GLOUCESTER BLVD. SUN CITY BEACH, FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROBOSE, JOHN 2603 NEWCOMB COURT SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ANDREW 1714 COUNCIL DRIVE SUN CITY BEACH, FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ANDREW 1714 COUNCIL DRIE SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD UFFNER, DANIEL 1904 HANSON CT SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WAGNER, JON 12913 ASTERWOOD PLACE RIVERVIEW, FL 33569-7029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISNER, WILFORD 2453 DEL WEBB BLVD. EAST SUN CITY BEACH, FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WISNER, WILFORD 2453 DEL WEBB BLVD. EAST SUN CITY CENTER, FL 33573-6972	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMROES, DAVID 2111 STERLING CT SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, DONALD 410 SMITHFIELD LANE SUN CITY CENTER, FL 33573-5836	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENSMAN, WAYNE 409 BLACK HAWK CIRCLE SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, DONALD 1406 IDLEWOOD DRIVE SUN CITY CENTER, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Wilford L. Wisner</u> <u>Wilford L. WISNER</u> <u>April 18 2004</u> <u>(813) 642-8053</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					