2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2006
Secretary of State

DOCUMENT# N02000002317

Entity Name: FRIENDS OF WINTER MILES, INC.

Current Principal Place of Business:

1445 N. COUNTY RD. 426
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

PO BOX 622108
OVIEDO, FL 32762

New Mailing Address:

FEI Number: 04-3714373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WIGGINS, LINDA
1445 N. COUNTY RD. 426
OVIEDO, FL 32765 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:	DV	( ) Delete
Name:	WIGGINS, LINDA	
Address:	1445 N. COUNTY RD. 426	
City-St-Zip:	OVIEDO, FL 32765	
Title:	DP	( ) Delete
Name:	GILTNER, LISA	
Address:	1785 WILLINGHAM RD	
City-St-Zip:	OVIEDO, FL 32766	
Title:	D	( ) Delete
Name:	TIEBEN, JEWEL A	
Address:	1957 SULTON CIRCLE	
City-St-Zip:	OVIEDO, FL 32766	
Title:	D	(X) Delete
Name:	BRASSLER, MICHELLE J	
Address:	650 OLD MIMS RD	
City-St-Zip:	GENEVA, FL 32732	
Title:	DS	( ) Delete
Name:	BURGNON, KIMBERLY A	
Address:	900 CALAFUT COURT	
City-St-Zip:	OVIEDO, FL 32765	
Title:	DT	( ) Delete
Name:	BURNS, PAUL R (RICK)	
Address:	1079 DEES DRIVE	
City-St-Zip:	OVIEDO, FL 32765	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL R. BURNS (RICK) DT 04/22/2006

Electronic Signature of Signing Officer or Director — Date