

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002317

FILED  
Mar 27, 2007  
Secretary of State

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: DS ( ) Delete  
Name: BURGNON, KIMBERLY A  
Address: 900 CALAFUT COURT  
City-St-Zip: OVIEDO, FL 32765

Title: DT (X) Delete  
Name: BURNS, PAUL R (RICK)  
Address: 1079 DEES DRIVE  
City-St-Zip: OVIEDO, FL 32765

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change ( ) Addition  
Name: WIGGINS, LINDA  
Address: 1445 N. COUNTY RD. 426  
City-St-Zip: OVIEDO, FL 32765 US

Title: DP (X) Change ( ) Addition  
Name: GILTNER, LISA  
Address: 1785 WILLINGHAM RD  
City-St-Zip: OVIEDO, FL 32766 US

Title: DS (X) Change ( ) Addition  
Name: FLOM, AMY  
Address: 3691 HEIRLOOM ROSE PLACE  
City-St-Zip: OVIEDO, FL 32766 US

Title: DT (X) Change ( ) Addition  
Name: CHRIS, GROPP  
Address: 633 CHEOY LEE CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708 US

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: AMY FLOM

DS

03/27/2007

Electronic Signature of Signing Officer or Director

Date