2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 29, 2008 8:00 am
Secretary of State
05-29-2008 90192 021 ****61.25

DOCUMENT # N02000002317

1. Entity Name

FRIENDS OF WINTER MILES, INC.

Principal Place of Business	Mailing Address
1445 N. COUNTY RD. 426 OVIEDO FL 32765	PO BOX 622108 OVIEDO FL 32762

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 04-3714373 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WIGGINS, LINDA 1445 N. COUNTY RD. 426 OVIEDO FL 32765	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE Linda Wiggins 4/30/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WIGGINS, LINDA 1445 N. COUNTY RD. 426 OVIEDO FL 32765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GILTNER, LISA 1785 WILLINGHAM RD OVIEDO FL 32766	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer / Past President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS FLOM, AMY 3691 HEIRLOOM ROSE PLACE OVIEDO FL 32766	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President	☒ Change ☐ Addition
~~TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP~~	~~DT~~ ~~CHRIS GROPP~~ ~~633 CHEOY LEE CIRCLE~~ ~~WINTER SPRINGS FL 32708~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Jessica Sokoly 1330 Van Arsdale St. Oviedo, Fl 32765	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	membership Director Nichole Wunduke 556 S Cochran Rd. Geneva, Fl 32732	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE: [signature] 4/30/08 407-637-6883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #