

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002957

Entity Name: W.A.R.M. OF CENTRAL FLORIDA, INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

POST OFFICE BOX 104
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 104
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 01-0647709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCOLLUM & RINALDO, P.A.
129 SOUTH COMMERCE AVENUE
SEBRING, FL 33870 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: PD () Delete
Name: ANDERSON, CHARLES
Address: 2304 N. ROXBURY ROAD
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: ANDERSON, JUDY
Address: 2304 N. ROXBURY ROAD
City-St-Zip: AVON PARK, FL 33825

Title: VD () Delete
Name: SMITH, GERALD
Address: 607 EVERGREEN PL, S.W.
City-St-Zip: WINTER HAVEN, FL 33880

Title: SD () Delete
Name: NAPPER, PAULETTE
Address: 2700 WOODLAWN DRIVE, N.W.
City-St-Zip: WINTER HAVEN, FL 33880

Title: TD () Delete
Name: HAPRER, LATONYA
Address: 3123 HARMON LANE
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: KNIGHT-MILLER, PATRICIA
Address: 360 N.W. 24TH ST., #476
City-St-Zip: WINTER HAVEN, FL 33880

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 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 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: JUDITH ANDERSON

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date