

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002957

FILED
Mar 02, 2009
Secretary of State

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

Current Principal Place of Business:

357 3RD STREET, N.E.
SUITE 357
WINTER HAVEN, FL 33880

New Principal Place of Business:

111 PONTOTOC STREET PLAZA
AUBURNDALE, FL 33823 US

Current Mailing Address:

POST OFFICE BOX 104
AUBURNDALE, FL 33823

New Mailing Address:

POST OFFICE BOX 104
AUBURNDALE, FL 33823 US

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: 1224 LEGATTO LOOP
City-St-Zip: DUNDEE, FL 33838

Title: VD () Delete
Name: ANDERSON, JUDITH
Address: 1224 LEGATTO LOOP
City-St-Zip: DUNDEE, FL 33838

Title: BD () Delete
Name: SMITH, GERALD
Address: 357 3RD STREET, NE
City-St-Zip: WINTER HAVEN, FL 33880

Title: TD () Delete
Name: BROWN, LULA E
Address: 2393 4TH STREET NE
City-St-Zip: WINTER HAVEN, FL 33881

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:

I hereby certify that the information supplied with this filing does not qualify 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: LULA ELIZABETH BROWN

TD

03/02/2009

Electronic Signature of Signing Officer or Director

Date