


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90003 036 ****61.25

DOCUMENT # N03000004452 1. Entity Name WPHS 1993 REUNION INC.					
Principal Place of Business 1250 S. DENNING DRIVE APT 207 WINTER PARK FL 32789			Mailing Address 1250 S. DENNING DRIVE APT 207 WINTER PARK FL 32789		
2. Principal Place of Business 1911 ENGLEWOOD RD Suite, Apt. #, etc.		3. Mailing Address 1911 ENGLEWOOD RD Suite, Apt. #, etc.			
City & State WINTER PARK, FL		City & State WINTER PARK, FL		4. FEI Number _____ Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 32789	Country USA	Zip 32789	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HICKS, MICHELLE L 1250 S. DENNING DRIVE APT 207 WINTER PARK FL 32789				7. Name and Address of New Registered Agent Name HICKS FEINBERG, MICHELLE Street Address (P.O. Box Number is Not Acceptable) 1911 ENGLEWOOD RD City WINTER PARK FL Zip Code 32789	
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 <u><i>Michelle H. Feinberg</i></u> President 7-30-04 <small>Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PRESIDENT MICHELLE HICKS FEINBERG 1911 ENGLEWOOD RD WINTER PARK, FL 32789 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Michelle H. Feinberg</i></u> Michelle H. Feinberg 7-30-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					