


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90027 028 ****70.00

DOCUMENT # N05000000528	
1. Entity Name WINTER SPRINGS POLICE ASSOCIATION, INC.	

Principal Place of Business 300 NORTH MOSS ROAD ATTN: VALARIE MENDELSON WINTER SPRINGS, FL 32708	Mailing Address 300 NORTH MOSS ROAD ATTN: VALARIE MENDELSON WINTER SPRINGS, FL 32708
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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01082007 Chg-NP CR2E037 (12/06)

4. FEI Number APPLIED FOR 01-0871008	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
KERR, DANIEL CHIEF 300 NORTH MOSS ROAD WINTER SPRINGS, FL 32708	

7. Name and Address of New Registered Agent	
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 Daniel J. Kerr <i>Daniel J. Kerr</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE 01/17/2007 <small>DATE</small>
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Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATWOLE, ROBERT	NAME	Mendelson, Valarie
STREET ADDRESS	118 STONEGABLE CIRCLE	STREET ADDRESS	300 N. Moss Road
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	V <input type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDELSON, VALARIE	NAME	Raney, David
STREET ADDRESS	2130 FLORAWOOD CT	STREET ADDRESS	300 N. Moss Road, W.S. FL
CITY-ST-ZIP	OVIEDO, FL 32765	CITY-ST-ZIP	32708
TITLE	S <input type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, HECMARETTE	NAME	Presley, Cathy
STREET ADDRESS	3242 WILD PEPPER	STREET ADDRESS	300 N. Moss Road
CITY-ST-ZIP	DELTONA, FL 32725	CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	T <input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABLE, ROBERT	NAME	Anello, Lori
STREET ADDRESS	3601 ESTHER ST	STREET ADDRESS	300 N. Moss Road
CITY-ST-ZIP	ORLANDO, FL 32812	CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Valarie A Mendelson</i> Valarie A Mendelson	Date 1/17/07 Daytime Phone # 407.327.7979

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