2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010437

FREMUTH, MARY-ELLEN

WELLINGTON, FL 33414

14515 HORSESHOE TRACE

Name:

Address:

City-St-Zip:

FILED Feb 25, 2008 Secretary of State

				,	
Entity Nar	ne: WELL	INGTON LACROSSE, INC.			
Current P	rincipal Pla	ace of Business:	New Principal Place	New Principal Place of Business:	
14515 HORSESHOE TRACE WELLINGTON, FL 33414			<unused> WELLINGTON, FL 33</unused>	<unused> WELLINGTON, FL 33414</unused>	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	RSESHOE FON, FL 33				
FEI Number:	20-5664620	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address	of Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
	I, ANDREW RSESHOE FON, FL 33	TRACE			
The above in the State	named ent of Florida.	ity submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR					
	Elect	ronic Signature of Registered Ag	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:		() Delete ANDREW ESHOE TRACE ON, FL 33414	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:		(X) Delete 5, LONNIE LING MEADOWS CIRCLE ON, FL 33414	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S. T	(X) Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ANDREW FREMUTH P 02/25/2008