

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90036 015 ****61.25

DOCUMENT # N07000003075 1. Entity Name AMAZONS WMC, INCORPORATED					
Principal Place of Business 28602 ALTANTIS RD TAVARES, FL 32778			Mailing Address 28602 ALTANTIS RD TAVARES, FL 32778		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03112008 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-8711256				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 EAST PARK AVE TALLAHASSEE, FL 32301			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	VD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDRICKSON, TERRI		NAME		
STREET ADDRESS	28602 ATLANTIS RD		STREET ADDRESS		
CITY-ST-ZIP	TAVARES, FL 32778		CITY-ST-ZIP		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILDER, LINDA S		NAME		
STREET ADDRESS	2156 ST MARTINS DR E		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP		
TITLE	SD		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CATON, SONYA		NAME		
STREET ADDRESS	96696 COMMODORE POINT DR		STREET ADDRESS	10903 Chastain Parc Drive	
CITY-ST-ZIP	YULEE, FL 32097		CITY-ST-ZIP	Charlotte, NC 28216	
TITLE	TD		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUTTON, JEAN		NAME		
STREET ADDRESS	96696 COMMODORE POINT DR		STREET ADDRESS	10903 Chastain Parc Drive	
CITY-ST-ZIP	YULEE, FL 32097		CITY-ST-ZIP	Charlotte, NC 28216	
TITLE	DSAA		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, CHERYL		NAME		
STREET ADDRESS	436 NEW HAW CREEK RD		STREET ADDRESS		
CITY-ST-ZIP	ASHVILLE, NC 28805		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>Sonya Caton</i> Sonya Caton, SD			3/11/2008 904.583.6027		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		