

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003075

FILED
Feb 02, 2009
Secretary of State

Entity Name: AMAZONS WMC, INCORPORATED

Current Principal Place of Business:

28602 ALTANTIS RD
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

28602 ALTANTIS RD
TAVARES, FL 32778

New Mailing Address:

FEI Number: 20-8711256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVE
TALLAHASSEE, FL 32301 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: VD () Delete
Name: HENDRICKSON, TERRI
Address: 28602 ATLANTIS RD
City-St-Zip: TAVARES, FL 32778

Title: PD () Delete
Name: WILDER, LINDA S
Address: 2156 ST MARTINS DR E
City-St-Zip: JACKSONVILLE, FL 32246

Title: DSAA () Delete
Name: JOHNSON, CHERYL
Address: 436 NEW HAW CREEK RD
City-St-Zip: ASHVILLE, NC 28805

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:

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: TERRI E. HENDRICKSON

VD

02/02/2009

Electronic Signature of Signing Officer or Director

Date