

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006254

FILED  
May 02, 2008  
Secretary of State

**Entity Name:** PINE RIDGE WINNERS CIRCLE, INC.

**Current Principal Place of Business:**

5690 W PINE RIDGE BLVD  
PINE RIDGE, FL 34465 US

**New Principal Place of Business:**

**Current Mailing Address:**

4818 N VALLEY TERRACE  
PINE RIDGE, FL 34465 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SMITH, MARYANN  
4818 N VALLEY TERRACE  
PINE RIDGE, FL 34465 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: P ( ) Delete  
Name: SMITH, MARYANN  
Address: 4818 N VALLEY TERRACE  
City-St-Zip: PINE RIDGE, FL 34465 US

Title: VP ( ) Delete  
Name: RAYNOR, ELAINE  
Address: 3170 N STARFLOWER TERRACE  
City-St-Zip: BEVERLY HILLS, FL 34465 US

Title: S ( ) Delete  
Name: BODDEN, KAREN  
Address: 4029 W. ALAMO DRIVE  
City-St-Zip: PINE RIDGE, FL 34465 US

Title: T (X) Delete  
Name: KACER, CONNIE  
Address: 5205 N. SONORA  
City-St-Zip: PINE RIDGE, FL 34465 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: COROMILAS, DONNA  
Address: 5296 N BRONCO TERR  
City-St-Zip: PINE RIDGE, FL 34465 US

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: MARYANN SMITH

PRES

05/02/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date