

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006611

FILED
May 01, 2009
Secretary of State

Entity Name: WASHINGTON SHORES BUSINESS PARTNERSHIP, INC.

Current Principal Place of Business:

927 GOLDWYN AVE
STE 232
ORLANDO, FL 32805

New Principal Place of Business:

3014 ORANGE CENTER BLVD
SUITE 61
ORLANDO, FL 32805

Current Mailing Address:

927 GOLDWYN AVE
STE 232
ORLANDO, FL 32805

New Mailing Address:

3014 ORANGE CENTER BLVD
SUITE 61
ORLANDO, FL 32805

FEI Number: 26-2972770 FEI Number Applied For () 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:

MORTON, MYLIKA C CPA
3032 MONTE CARLO TRAIL
ORLANDO, FL 32805 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: WIGGINS, DEBORAH D
Address: 3032 MONTE CARLO TRAIL
City-St-Zip: ORLANDO, FL 32805

Title: VP () Delete
Name: KASSYE, TESFAI M
Address: 9351 LAKE FISCHER BLVD
City-St-Zip: GOTH A, FL 34734

Title: T () Delete
Name: MORTON, MYLIKA C CPA
Address: 3032 MONTE CARLO TRAIL
City-St-Zip: ORLANDO, FL 32805

Title: S (X) Delete
Name: BRUTUS, JUNON
Address: 927 GOLDWYN AVE STE 218
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T,S (X) Change () Addition
Name: MORTON, MYLIKA C CPA
Address: 3032 MONTE CARLO TRAIL
City-St-Zip: ORLANDO, FL 32805

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: MYLIKA MORTON

TS

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date