

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N24889** (0)

1. Corporation Name
WINTER SPRINGS SENIOR CENTER, INC.



Principal Place of Business: C/O JACK A BERGMAN, 735 WILSON RD., WINTER SPRINGS FL 32708
Mailing Address: C/O JACK A BERGMAN, 735 WILSON RD., WINTER SPRINGS FL 32708

3. Date Incorporated or Qualified: 02/17/1988
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number: 59-2952689		Applied For	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country		29. Country					
25.		30.					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERGMAN, JACK
735 WILSON ROAD
WINTER SPRINGS FL 32708

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *JACK A. BERGMAN, TRUSTEE* *Jack A Bergman* 4-10-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAHAND, GLADYS		1.2 NAME	
STREET ADDRESS	636 MURPHY ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL		1.4 CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARCARA, EVELYN		2.2 NAME	
STREET ADDRESS	1034 WETHERFORD		2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL		2.4 CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGMAN, JACK A		3.2 NAME	
STREET ADDRESS	735 WILSON RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL		3.4 CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDDICK, THELMA		4.2 NAME	
STREET ADDRESS	330 CASA GRANDE COURT		4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL		4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *GLADYS G. ZAHAND* 4-10-96 407-695-1307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)