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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
C/O JACK A BERGMAN 735 WILSON RD. WINTER SPRINGS FL 32708
C/O JACK A BERGMAN 735 WILSON RD. WINTER SPRINGS FL 32708-3811

3. Date Incorporated or Qualified 02/17/1988
3a. Date of Last Report 04/17/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2952689	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

BERGMAN, JACK
735 WILSON ROAD
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

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* 4-25-97
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 checked="" type="checkbox"/> DELETE
NAME	ZAHAND, GLADYS	
STREET ADDRESS	636 MURPHY ROAD	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CARCARA, EVELYN	
STREET ADDRESS	1034 WETHERFORD	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BERGMAN, JACK A	
STREET ADDRESS	735 WILSON RD.	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	REDDICK, THELMA	
STREET ADDRESS	330 CASA GRANDE COURT	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JACK BERGMAN	
13 STREET ADDRESS	735 WILSON RD	
14 CITY-ST-ZIP	WINTER SPRINGS, FL. 32708	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PEGGY LOVETT	
23 STREET ADDRESS	239 AXTEC DR.	
24 CITY-ST-ZIP	WINTER SPRINGS, FL. 32708	
31 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	WILLIAM E. SHAW	
33 STREET ADDRESS	60-40 SHEOAH BLVD.	
34 CITY-ST-ZIP	WINTER SPRINGS, FL. 32708	
41 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	THELMA REDDICK	
43 STREET ADDRESS	330 CASA GRANDE CT	
44 CITY-ST-ZIP	WINTER SPRINGS, FL: 32708	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Jack A Bergman* 4-25-97 407 315-1846

CR2E037 (9/96)