


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90244 039 ****61.25

DOCUMENT # N24889
 1. Entity Name
WINTER SPRINGS SENIOR CENTER, INC.



Principal Place of Business Mailing Address
C/O JOHN L FERRING **C/O JOHN L FERRING**
694 BENITAWOOD CIR **694 BENITAWOOD CIR**
WINTER SPRINGS FL 32708 **WINTER SPRINGS FL 32708**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **59-2952689** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FERRING, JOHN L
694 BENITAWOOD CIR
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	FERRING, JOHN L	
STREET ADDRESS	694 BENITAWOOD CIR	
CITY - ST - ZIP	WINTER SPRINGS FL 32708	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LOVETT, PEGGY	
STREET ADDRESS	239 AXTEC DR	
CITY - ST - ZIP	WINTER SPRINGS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KREINER, ISLA M	
STREET ADDRESS	806 BIG-BUCK CIR	
CITY - ST - ZIP	WINTER SPRINGS FL 32708	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COMIER, FRANK	
STREET ADDRESS	205 ALMAMADEN COURT	
CITY - ST - ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COMIER, FRANK	
STREET ADDRESS	205 ALAMADEN	
CITY - ST - ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRT, JEAN	
STREET ADDRESS	1102 WING FOOT CIR	
CITY - ST - ZIP	WINTER SPRINGS FL 32708	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Ferring* **407-359-8408**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #