


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90077 025 ****61.25

| | | | | | |
|---|--------------------------|--|---|--|-----------------------------------|
| DOCUMENT # N24889 | | | |  | |
| 1. Entity Name WINTER SPRINGS SENIOR CENTER, INC. | | | | | |
| Principal Place of Business | | Mailing Address | | | |
| C/O KREINER, ISLA M | | 400 NORTH EDMON AV. WINTER SPRINGS, FL. 32708 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number | |
| | | | | 59-2952689 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| KRIENER, ISLA M 806 BIG BUCK CIR. WINTER SPRINGS, FL 32708 | | | Name KREINER, ISLA M | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 400 NORTH EDMON | | |
| | | | City WINTER SPRINGS | | FL Zip Code 32708 |
| 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 <u>Isla M Kreiner</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)</small> DATE | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | DP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LOVETT, PEGGY | | NAME | | |
| STREET ADDRESS | 239 AXTEC DR | | STREET ADDRESS | | |
| CITY - ST - ZIP | WINTER SPRINGS FL | | CITY - ST - ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KREINER, ISLA M | | NAME | | |
| STREET ADDRESS | 806 BIG BUCK CIR | | STREET ADDRESS | | |
| CITY - ST - ZIP | WINTER SPRINGS FL 32708 | | CITY - ST - ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KIRT, JEAN | | NAME | | |
| STREET ADDRESS | 1102 WING FOOT CIR | | STREET ADDRESS | | |
| CITY - ST - ZIP | WINTER SPRINGS FL 32708 | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BOYD, ANNETTE | | NAME | | |
| STREET ADDRESS | 94 HACIENDA | | STREET ADDRESS | | |
| CITY - ST - ZIP | WINTER SPRINGS, FL 32708 | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | 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: <u>Isla M Kreiner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone # | | | | | |