## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Sep 06, 2006 8:00 am Secretary of State

DOCUMENT # N24889  1. Entity Name WINTER SPRINGS SENIOR CENTER, INC.							0038 030 ****6	51.25
Principal Place XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	REPERX	Mailing Address  X XCONSHILL X X RANG X  400 NORTH EDGEMON A WINTER SPRINGS, FL 32	INNERSE RAINGE ORTH EDGEMON AVE R SPRINGS, FL 32701					
2. Principal Place of Business 400 No. Edgemon Ave.		3. Mailing Address 400 No. EdgemonAve.				<b>ii:                                     </b>		
Suite, Apt. #, etc. % President		Suite, Apt. #, etc.  % President			6132006	Chg-NP	CR2E037 (4/06	
City & State Winter S	Springs, FL 32708	City & State Winter Sprigsc	FL 32708	4.	FEI Number 59-2952	689		Applied For Not Applicable
Zip 32708	Country	32 708	Country <b>USA</b>	5.	Certificate o	Status Desired	□ \$8.75 A Fee Requi	dditional ired
	6. Name and Address of Current F			7.	Name and A	ddress of New Re	gistered Agent	
KREINER, ISLA M. Name Kreiner, e Isla M.								
400 NORTH EDGEMON Street Address (					P.O. Box Number is Not Acceptable) Big Buck Cir			
:				Winter S			<b>FL</b> β276	ode 8
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office o	r registered a	igent, or both	, in the State of Flor	rida. I am familiar wit	h, and accept
in congar	5 5	(	a class	4/	€″.		a	<i>(</i> -
SIGNATURE .	Kreiner, Isla M	<b>→</b>	XW M	1 yee	ne (		9-1-01	<del>-</del>
	Signature, typed or printed name of registered agent a	nditrie i applicable. (NU (t.: h	Registered Agent signs	ture/fequired when	reinstating)		DATE	
	Signature, typed or printed name of registered agent a					N-	DATE	
Di	Filling Fee is \$61.25 ue by September 6, 2006	9. Election Camp Trust Fund Co	aign Financing	_ \$5	.00 May Be		ike check payable da Department of	
10.	Filing Fee is \$61.25 ue by September 6, 2006 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing ntribution.	□ \$5 Add	.00 May Be ded to Fees	Fiori	da Department of	State IN 10
	Filing Fee is \$61.25 ue by September 6, 2006	9. Election Camp Trust Fund Co	paign Financing ntribution,	ADD S/D BOVD,	.00 May Be ded to Fees ITIONS/CHAI	Fiori	da Department of	State IN 10
10: TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 ue by September 6, 2006  OFFICERS AND DIR  DP  BOYD, ANNETTE  94 HACIENDA	9. Election Camp Trust Fund Co	paign Financing ntribution.  11. THE NAME STREET ADDRESS	ADD  ADD  S/D  BOYd, A  94 Hac	i.00 May Be ded to Fees ITIONS/CHAI Armet te ienda	Ftork	da Department of	State IN 10
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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 eath; 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: Kreirer, Isla M

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-327-6554