
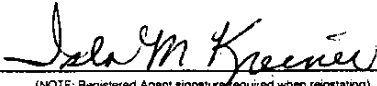



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

09-06-2006 90038 030 ****61.25

DOCUMENT # N24889					
1. Entity Name WINTER SPRINGS SENIOR CENTER, INC.					
Principal Place of Business XXXXXX 609 BENTWOOD CIR WINTER SPRINGS, FL 32708		Mailing Address XXXXXX 400 NORTH EDMON AVE WINTER SPRINGS, FL 32701			
2. Principal Place of Business 400 No. Edgemon Ave.		3. Mailing Address 400 No. Edgemon Ave.			
Suite, Apt. #, etc. % President		Suite, Apt. #, etc. % President			
City & State Winter Springs, FL 32708		City & State Winter Springs, FL 32708			
Zip 32708	Country USA	Zip 32708	Country USA	4. FEI Number 59-2952689	
6. Name and Address of Current Registered Agent KREINER, ISLA M 400 NORTH EDMON WINTER SPRINGS, FL 32708				7. Name and Address of New Registered Agent Name Kreiner, Isla M. Street Address (P.O. Box Number is Not Acceptable) 806 Big Buck Cir. 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 Kreiner, Isla M				DATE 9-1-06	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOYD, ANNETTE 94 HACIENDA WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Boyd, Annette 94 Hacienda Winter Springs, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOVETT, PEGGY 239 AXTEC DR WINTER SPRINGS, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Coffman, Gary W 21 So. Edgemon Ave. Winter Springs, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KREINER, ISLA M 806 BIG BUCK CIR WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRT, JEAN 1102 WING FOOT CIR WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kreiner, Isla M				DATE 9-1-06 407-327-6554	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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