


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90457 016 \*\*\*\*61.25

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



Principal Place of Business  
 400 NORTH EDGEMON AVE  
 % PRESIDENT  
 WINTER SPRINGS, FL 32708

Mailing Address  
 400 NORTH EDGEMON AVE  
 % PRESIDENT  
 WINTER SPRINGS, FL 32708


2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

40091461



04232007 Chg-NP CR2E037 (12/06)

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  
 KREINER, ISLA M  
 806 BIG BUCK 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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	SD	<input checked="" type="checkbox"/> Delete
NAME	BOYD, ANNETTE	
STREET ADDRESS	94 HACIENDA	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	VD	<input checked="" 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	D	<input type="checkbox"/> Delete
NAME	COFFMAN, GARY W	
STREET ADDRESS	21 SOUTH EDGEMON AVE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Milliron, <del>Mark</del> Marilyn	
STREET ADDRESS	365 Golfside Ct	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE	Finn, Doris	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Finn, Doris	
STREET ADDRESS	513 Stanton Place	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Coffman, Gary, W	
STREET ADDRESS	21 South Edgemon Ave	
CITY-ST-ZIP	Winter Springs, FL 32708	
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 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: Charles R. Croudy Charles R. Croudy, Pres. April 23, 2007 (407) 834-1742  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Isla M Kreiner to 4.25.07*