


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 20, 2008 8:00 am**  
**Secretary of State**

05-20-2008 90004 050 \*\*\*\*61.25

<b>DOCUMENT # N24889</b>			
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 #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2952689		Applied For <input type="checkbox"/> Not Applicable	
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	
KREINER, ISLA M 806 BIG BUCK CIR WINTER SPRINGS, FL 32708		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 12, 2008		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 NAME STREET ADDRESS CITY - ST - ZIP	SD WILLIRON, MARILYN 365 GOLFSIDE CT LONGWOOD, FL 32779 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Phyllis Hodges 1585 GREEN SPGS CIR WINTER SPGS FL 32708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FINN, DORIS 513 STANTON PLACE LONGWOOD, FL 32779 <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	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	VP President COFFMAN, GARY W 21 SOUTH EDGEMON AVE 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	VP Bobbi Biggs 22 PAMVIEW WINTER SPGS 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	<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: <u>Isla M Kreiner</u>		Date: <u>5-16-08</u> Daytime Phone #: <u>407 327-6554</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

40104301



05082008 - Chg-NP CR2E037 (12/06)

ATTACHMENT

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

\*\* The document number, business name and file date cannot be changed on the report. \*\*

Document Number N24889  
Business Entity Name WINTER SPRINGS SENIOR CENTER, INC.  
Original File Date 02/17/1988

FEI Number 59-2952689  
Principal Address 400 NORTH EDGEMON AVE  
% PRESIDENT  
WINTER SPRINGS, FL 32708

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

Registered Agent ISLA M KREINER  
806 BIG BUCK CIR  
WINTER SPRINGS, FL 32708 US

Officer/Director Name And Address

SD  
MARILYN WILLIRON  
365 GOLFSIDE CT  
LONGWOOD, FL 32779

VD  
~~DORIS FINN~~ ~~513 STANTON PLACE~~ ~~LONGWOOD, FL 32779~~  
VP Bobby Biggs  
22 PALM View Ct. #108  
Winter Springs, FL 32708

TD  
ISLA M KREINER  
806 BIG BUCK CIR  
WINTER SPRINGS, FL 32708

~~PRES~~  
GARY W COFFMAN  
21 SOUTH EDGEMON AVE  
WINTER SPRINGS, FL 32708