2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24889

FILED Apr 27, 2009 Secretary of State

Entity Name: WINTER SPRINGS SENIOR CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 400 NORTH EDGEMON AVE % PRESIDENT WINTER SPRINGS, FL 32708 **New Mailing Address: Current Mailing Address:** 400 NORTH EDGEMON AVE % PRESIDENT WINTER SPRINGS, FL 32708 FEI Number: 59-2952689 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KREINER, ISLA M 806 BIG BUCK CIR WINTER SPRINGS, FL 32708 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HODGES, PHYLLIS WALSH, EDITH Name: Name: 4585 GREEN SPS. CIR Address: 313 FREEDOMS RING DR Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708 Title: TD Title: () Delete () Change () Addition KREINER, ISLA M Name: Name: Address: 806 BIG BUCK CIR Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: Title: () Delete Title: () Change () Addition COFFMAN, GARY W Name: Name: 21 SOUTH EDGEMON AVE Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: Title: VΡ Title: VΡ () Delete (X) Change () Addition Name: BIGGS, BOBBI Name: BIGGS, BOBBI 103 MOSSWOOOD CIR Address: 22 PAMVIEW CT #108 Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708 Title: () Delete Title: () Change (X) Addition MUMMY, CLARE Name: Name: 1133 DAPPLED ELM LANE Address: Address: City-St-Zip: City-St-Zip: WINTER SPRINGS, FL 32708 Title: () Delete Title: () Change (X) Addition LAUB. ISOBELLE Name: Name: Address: Address: 1372 BLUE SPRUCE CT WINTER SPRINGS, FL 32708 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY COFFMAN P 04/27/2009