

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 27, 2009  
Secretary of State

DOCUMENT# N24889

Entity Name: WINTER SPRINGS SENIOR CENTER, INC.

**Current Principal Place of Business:**

400 NORTH EDGEMON AVE  
% PRESIDENT  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

400 NORTH EDGEMON AVE  
% PRESIDENT  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

FEI Number: 59-2952689      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Title: SD      ( ) Delete  
Name: HODGES, PHYLLIS  
Address: 4585 GREEN SPS. CIR  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD      ( ) Delete  
Name: KREINER, ISLA M  
Address: 806 BIG BUCK CIR  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: P      ( ) Delete  
Name: COFFMAN, GARY W  
Address: 21 SOUTH EDGEMON AVE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP      ( ) Delete  
Name: BIGGS, BOBBI  
Address: 22 PAMVIEW CT #108  
City-St-Zip: WINTER SPRINGS, FL 32708

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD      (X) Change ( ) Addition  
Name: WALSH, EDITH  
Address: 313 FREEDOMS RING DR  
City-St-Zip: WINTER SPRINGS, FL 32708

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      (X) Change ( ) Addition  
Name: BIGGS, BOBBI  
Address: 103 MOSSWOOD CIR  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DR      ( ) Change (X) Addition  
Name: MUMMY, CLARE  
Address: 1133 DAPPLED ELM LANE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DR      ( ) Change (X) Addition  
Name: LAUB, ISOBELLE  
Address: 1372 BLUE SPRUCE CT  
City-St-Zip: WINTER SPRINGS, FL 32708

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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date