

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24889

FILED
Mar 26, 2012
Secretary of State

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
Name: WALSH, EDITH
Address: 313 FREEDOMS RING DR
City-St-Zip: WINTER SPRINGS, FL 32708

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

Title: P
Name: POE, WILLIAM
Address: 639 MARLIN ROAD
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP
Name: ELIZABETH, SASSANO
Address: 121 LIDO ROAD
City-St-Zip: WINTER SPRINGS, FL 32708

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

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

I hereby 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 all other like empowered.

SIGNATURE: ISLA M. KREINER

TD

03/26/2012

Electronic Signature of Signing Officer or Director

Date