

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90072 044 ****61.25

DOCUMENT # N24889

1. Entity Name

WINTER SPRINGS SENIOR CENTER, INC.



Principal Place of Business

Mailing Address

**C/O JOHN L FERRING
694 BENITAWOOD CIR
WINTER SPRINGS FL 32708**

**C/O JOHN L FERRING
694 BENITAWOOD CIR
WINTER SPRINGS FL 32708**

00000037



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2952689**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERRING, JOHN L
694 BENITAWOOD 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	TITLE	
NAME	FERRING, JOHN L	NAME	
STREET ADDRESS	694 BENITAWOOD CIR	STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD	TITLE	
NAME	LOVETT, PEGGY	NAME	
STREET ADDRESS	239 AXTEC DR	STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD	TITLE	
NAME	KREINER, ISLA M	NAME	
STREET ADDRESS	808 BIG BUCK CIR	STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	TITLE	
NAME	COMIER, FRANK	NAME	
STREET ADDRESS	205 ALMAMADEN COURT	STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	
NAME	COMIER, FRANK	NAME	
STREET ADDRESS	205 ALAMADEN	STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	
NAME	KIRT, JEAN	NAME	
STREET ADDRESS	1102 WING FOOT CIR	STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* (JOHN L FERRING)

1/15/03 407-327-6697

CR2E037 (10/02)