

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N32841	
1. Entity Name WINTER HAVEN AREA LASERTOMA, INC.	



Principal Place of Business 120 LAKE RING DRIVE WINTER HAVEN, FL 33884 US	Mailing Address 120 LAKE RING DRIVE WINTER HAVEN, FL 33884 US
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02092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2592199	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STORK, DONNA 241 HARTRIDGE HILLS DR. WINTER HAVEN, FL 33881
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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 Donna Stork
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STORK, DONNA 241 HARTRIDGE HILLS DR. WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PORVENCHER, JOAN 2102 JONATHAN LA. SE WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROYALTY, CINDY 2956 PLANTATION RD. WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLE, SONDR A 166 ZERMATT DR. WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MERSEREAU, GAIL 120 LAKE RING DR. WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BICKER, SHARON 101 24TH ST. SW WINTER HAVEN, FL 33880

<p>UN00000048641 02/12/04-60088-017 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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: Sondra C. Cole SONDRA C. COLE 2/10/04 863-294-3106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #