

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32841

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**Entity Name:** WINTER HAVEN AREA LASERTOMA, INC.

**Current Principal Place of Business:**

903 N 9TH ST.  
LAKE WALES, FL 33853 US

**New Principal Place of Business:**

**Current Mailing Address:**

903 N 9TH ST.  
LAKE WALES, FL 33853 US

**New Mailing Address:**

**FEI Number:** 59-2592199

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOBBY, TERRI  
903 N 9TH ST  
LAKE WALES, FL 33853 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: PD  
Name: HOBBY, TERRI  
Address: 903 N 9TH ST  
City-St-Zip: LAKE WALES, FL 33853

Title: VP  
Name: BOURLAND, BILLY S  
Address: 137 SHELLEY DR  
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD  
Name: WEIS, SANDRA  
Address: 45 ENCLAVE DR  
City-St-Zip: WINTER HAVEN, FL 33884

Title: T  
Name: COLE, SONDRRA C  
Address: 166 ZERMATT DR  
City-St-Zip: WINTER HAVEN, FL 33881

Title: CD  
Name: HENRY, THELMA  
Address: 112 HOLMES PLACE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD  
Name: STASKUS, ROSEMARY  
Address: 104 LINCOLN RD  
City-St-Zip: WINTER HAVEN, FL 33884

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: TERRI HOBBY

PD

01/04/2010

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

\_\_\_\_\_  
Date