

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

02-23-2004 90055 040 ****70.00

DOCUMENT # N93000002301	
1. Entity Name WINTER HAVEN STINGRAYS, INC.	

Principal Place of Business 210 CYPRESS GARDENS BLVD WINTER HAVEN FL 33880 US	Mailing Address PO BOX 9002 WINTER HAVEN FL 33883-9002 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-3144663		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LARGE, ANGELA 280 CYPRESS GARDENS BLVD WINTER HAVEN FL 33880		7. Name and Address of New Registered Agent Name Linda Howard Street Address (P.O. Box Number is Not Acceptable) 210 Cypress Gardens Blvd City Winter Haven FL Zip Code 33880

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 *Linda G. Howard* *Debbie Kennon* **2-16-04**
Signature, typed or printed name of registered agent and time applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOWARD, LINDA 210 CYPRESS GARDENS BLVD WINTER HAVEN FL 33880 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Linda Howard 210 Cypress Gardens Blvd Winter Haven FL 33880 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENNON, DEBBIE 2402 BERKSHIRE LANE WINTER HAVEN FL 33884 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Debbie Kennon 1226 Cypress Point E Winter Haven FL 33884 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LARGE, ANGELA 210 CYPRESS GARDENS BLVD WINTER HAVEN FL 33880 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Amy Bagby 2780 Regatta Road Winter Haven FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCOENBERGER, HEIDI 1825 AUSTIN TERRACE WINTER HAVEN FL 33884 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Brian Voisard 2813 Winterset Drive Winter Haven FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 *Debbie Kennon* **2-16-04** **863-324-1756**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #