## 2005 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # N95000001098 1: Entity Name WAHNETA SPORTS AND NEIGHBORHOOD ASSOCIATION, INC.



## **FILED** Jun 29, 2005 8:00 am Secretary of State 06-29-2005 90001 036 \*\*\*\*70.00

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Principal Place of Business 315 EAST 4TH ST. WAHNETA WINTER HAVEN, FL 33880 US			Mailing Address Wafineta Sports Assoc Inc P.O. Box 5028 Winter Haven, FL 33880 US								 	53965	* . *: *
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				06012005	Chg	-NP	CR2E	037 (10/03)		
City & State			City & State					4. FEI Number 59-3255954			<b>⊢</b>	pplied For at Applicable	
Zip	C	ountry	Zip		Cou	intry		5. Certificate	e of Stati	us Desired	62/	\$8.75 Ad	
	6. Name and A	ddress of Curren	t Registered	1 Agent				7. Name an	d Addre	as of New	Registered	1 Agent	
				-		Name	7		Δι	ـ ما			
WARREN, ANTHONY 114 7TH TERRACE WAHNETA WAY WINTER HAVEN, FL 33880						Street Address (P.O. Box Number is Not Acceptable)							
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						Oity 4	<del>Ma b</del>		_			2000	
	named entity submitted a registered a		for the purpo	se of changing its	registere	ed office or	r register	ed agent, or bo	oth, in th	e State of F	Torida, I ar	n familiar with	, and accept
SIGNATURE .													
	Signature, typed or printe	d name of registered age	nt and title if appli	cable. (NOTE	Registere	d Agent signati	ure required	when reinstating)			DATE		
Filing Fee is \$61.25  Due by September 7, 2005  9. Election Campaign Trust Fund Contribu					paign F	inancing		\$5.00 May Be Added to Fees Florida Department of State					bo
Đ:	ue by Septemi	ber 7, 2005			ontributi	ion.		Added to Fee:	5	Flo	orlda Depi	artment of S	itate
		<u> </u>	DIRECTORS			ion.	<u>니</u>	Added to Fee:	s ]				
10.		DEFICERS AND D	DIRECTORS	Trust Fund C	11.		<u> </u>	Added to Fee:	HANGES	TO OFFIC	ERS AND	DIRECTORS II	N 10
		OFFICERS AND D	DIRECTORS				<u> </u>	Added to Fee:	HANGES	ruste	ERS AND		
10.	WARREN, ANT	OFFICERS AND D		Trust Fund C	11.		<u> </u>	Added to Fee:	HANGES	ruste	ERS AND	DIRECTORS II	N 10
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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.

Scoles. 843-318-3554 Daystme Phone 8 NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR