

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 29, 2005 8:00 am**  
**Secretary of State**

06-29-2005 90001 036 \*\*\*\*70.00

**DOCUMENT # N95000001098**

1: Entity Name  
**WAHNETA SPORTS AND NEIGHBORHOOD  
ASSOCIATION, INC.**



Principal Place of Business  
**315 EAST 4TH ST. WAHNETA  
WINTER HAVEN, FL 33880 US**

Mailing Address  
**WAHNETA SPORTS ASSOC INC  
P.O. BOX 5028  
WINTER HAVEN, FL 33880 US**

**50053965**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06012005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3255954**

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

**WARREN, ANTHONY  
114 7TH TERRACE WAHNETA WAY  
WINTER HAVEN, FL 33880**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

**Filing Fee is \$61.25  
Due by September 7, 2005**

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

TITLE ☒ Delete  
NAME **WARREN, ANTHONY**  
STREET ADDRESS **114 7TH TERRACE WAHNETA WAY**  
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE ☒ Change ☐ Addition  
NAME **Title is now "Trustee"**  
STREET ADDRESS **or "D"**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VD CROFT, DON**  
STREET ADDRESS **117 7TH TERRACE WAHNETA WAY**  
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE ☐ Change ☒ Addition  
NAME **President**  
STREET ADDRESS **Danny Noble**  
CITY-ST-ZIP **20 Sunrise Cir**  
**Wahneta FL 33880**

TITLE ☐ Delete  
NAME **S GAMEZ, VANESSA**  
STREET ADDRESS **360 24TH ST NW APT 471**  
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T SCOLES, KAREN**  
STREET ADDRESS **210 12TH WAHNETA ST. W**  
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **D LARA, DEBBIE**  
STREET ADDRESS **150 AVE A W. WAHNETA**  
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **P STALLINGS, WILLARD**  
STREET ADDRESS **608 MORGAN RD**  
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Karen Scoles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/05

Date

863-318-3554

Daytime Phone #