2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State
02-11-2008 90054 037 ****61.25

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

Principal Place of Business	Mailing Address
315 EAST 4TH ST. WAHNETA WINTER HAVEN, FL 33880 US	WAHNETA SPORTS ASSOC INC P.O. BOX 5028 WINTER HAVEN, FL 33880 US

01252008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
315 E. 4th St. Wahneta	116 N. Rifle Range RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven, FL	City & State: Winter Haven, FL
Zip: 33880 Country: USA	Zip: 33880 Country: USA

4. FEI Number: 59-3255954 ☐ Applied For ☐ Not Applicable

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
JONES, TAMMY 3705 AVE J NW WINTER HAVEN, FL 33881	Name: same Street Address (P.O. Box Number is Not Acceptable): City: FL 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: Tammy Jones/Secretary 01-25-2008
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, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S JONES, TAMMY SECRETA 3705 AVE J. WINTER HAVEN, FL 33881	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARNETT, DAVID PRESIDE 4643 WESTON ROAD BARTOW, FL 33830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FundRaising David Barnett 4643 Weston RD Bartow, FL 33830 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CRUZ, MANDY SECRETA 923 FALCON CREST DR. WINTER HAVEN, FL 33880	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rhonda Alejandro- President 216 Madiera DR. Wi nter Haven, FL 33880 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCOLES, KAREN TREASUR 210 12TH WAHNETA ST. W WINTER HAVEN, FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NOBLE, DANNY PRESIDE 20 SUNRISE CIR WAHNETA, FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DOWDY, DIANE TREASUR 4643 WESTON ROAD BARTOW, FL 33830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 121 Shelton St. Winter Haven, FL 33880

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Tammy Jones/Secretary 01-25-2008 863-259-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #