

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000001223**

1. Entity Name  
**WAYNE DENSCH CENTER, INC.**



Principal Place of Business  
**100-102 KINGSTON CT  
ORLANDO, FL 32810 US**

Mailing Address  
**100-102 KINGSTON CT  
ORLANDO, FL 32810 US**



04232008 No Chg-NP CR2E037 (4/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**31-1512999**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ALLEN, THOMAS R  
105 EAST ROBINSON  
SUITE 201  
ORLANDO, FL 32801**

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WILLIAMS, LEONARD E
STREET ADDRESS	2518 NORFOLK ROAD
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	D
NAME	WILLIAMS, JOHN A
STREET ADDRESS	3252 WINDING PINE TL.
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	D
NAME	ALLEN, THOMAS R
STREET ADDRESS	105 E. ROBINSON, SUITE 201
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	D
NAME	COATS, JOE R
STREET ADDRESS	1831 TURNBERRY TERR
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000923224  
05/15/08-80022-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #