## NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

N98000003762

DOCUMENT #

## FILED May 24, 2002 8:00 am Secretary of State

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1. Entity Name	Wințer H Inc.	laven Resildents	Councild,	0.	3-24-2002 <del>9</del> 1343	001 01.23	
DO NO	OT WRITE	IN THIS SP	ACE				
2. Principal Place of Busine 2557 6th	St. NE	3. Mailing Address 2557 6th St N	 E				
Suite, Apl. 4/etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State Winter Haven	, FL	City & State Winter Haven,	FL.	4. FEI Number 593526588*	#	Applied For Not Applicable	
Zip 33881	Country USA	Zip 33881	Country USA	5. Certificate of Status		8.75 Additional ee Required	
				7. Name and Address	of Current Registered	Agent	
. • • • • • • • • • • • • • • • • • • •		<u></u>	Name	Catherine E	Reddick		
DO NOT WRITE		Street Address (P.O. Box Number is Not Acceptable) 2670 Avenue C SW					
IN	I THIS SPA	CE		2070 Avenue C	SYY		
IEV	I IIIIO OFF	ICL .				T =	
			City W	inter Haven	FL	33880	
8. The above named entity:	submits this statement for th	e purpose of changing its re	gistered office or regis	tered agent, or both, in the	state of Florida.		
(2-	-1	R 11					
SIGNATURE Signature, typed or	printed name of registered agent and	title if applicable. (NOTE: F	Registered Agent signature requ	red when reinstating)	DAIL		
	S \$61.25 mended UBR	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Department of State		•	
10.	OFFICERS AND DIREC	TOPS	I				
	ent, Director	CHANCE	TITLE	<del></del>			
	e Morris	<del></del>	NAME				
1	moden Pd	0.1:	STREET ADDRESS				
cmy.st.zp   Winter	'Ma⊽en'™FI 338	84	CITY-ST-7IP				

Vice-President, Director CHANCE TITLE TITLE Carlene Byrd NAME STREET ADDRESS 105 Rebecca Lane, Apt. A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Auburndale, FL 33823 TITLE TTD F Secretary, Director NAME. NAME Tammy Slaughter STREET ADDRESS STREET ADDRESS DO NOT WRITE 354 Orrin Circle NE3881 CITY-ST-ZIP CITY-ST-7IP TITLE Treasurer, Director CHANCE TITLE IN THIS SPACE NAME NAME Connie Jones STREET ADDRESS STREET ADDRESS 1405 3rd Street Winter Haven, FL CITY-ST-ZIP CITY-ST-ZIP Sargeant At-Arms, Director CHANGE TITLE Tanya Cursy., NE NAME NAME STREET ADDRESS STREET ADDRESS Winter Haven, FL CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 required or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all when like empowered.

SIGNATURE:

SAUNTURE AND THOSE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 7,2002(863) 294-7369

Daytime Phone ₹