

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000259

FILED
Mar 27, 2008
Secretary of State

Entity Name: SPRING ECONOMIC COMMUNITY CENTER, INC.

Current Principal Place of Business:

10250 W SAMPLE RD
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

10250 W SAMPLE RD
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 31-1631139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALTERS, ORAL ST. P
10250 W SAMPLE RD
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PAST () Delete
Name: WALTERS, ORAL ST. P
Address: 10250 W SAMPLE RD
City-St-Zip: CORAL SPRINGS, FL 33065

Title: SD () Delete
Name: STAPLE, SHARON
Address: 10250 W SAMPLE RD
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TREA () Delete
Name: YOUNG, RICHARD
Address: 5029 PINECREST PLACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: ADMI () Delete
Name: WALTERS, SANDRA J
Address: 3860 NW 102 AVE.
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: LEDFORD, KIFRA
Address: 10250 W SAMPLE RD
City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORAL ST. P. WALTERS

PAST

03/27/2008

Electronic Signature of Signing Officer or Director

Date