

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2009  
Secretary of State**

DOCUMENT# N99000000259

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: SEC ( ) Delete  
Name: LEDFORD, KIFRA  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date