

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008563

**Entity Name:** WOAMTEC FOUNDATION, INC.**Current Principal Place of Business:**1200 DELK ROAD  
LONGWOOD, FL 32779**Current Mailing Address:**1200 DELK ROAD  
LONGWOOD, FL 32779 US**FEI Number: 80-0499429****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HAWKINS, KATHLEEN  
1200 DELK ROAD  
LONGWOOD, FL 32779 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	HAWKINS, KATHLEEN
Address	1200 DELK ROAD
City-State-Zip:	LONGWOOD FL 32779

Title	DIRECTOR
Name	WILLIAMS, KARYN
Address	1005 BROOKSIDE WOODS BLVD
City-State-Zip:	HERMITAGE TN 37060

Title	D
Name	DI RE, DI-ANNE
Address	P.O. BOX 4931
City-State-Zip:	WINTER PARK FL 32708

Title	SECRETARY
Name	CARR, GINA
Address	7550 HINSON STREET #15C
City-State-Zip:	ORLANDO FL 32819

Title	VP
Name	PRICE, CINDY
Address	940 CENTER CIRCLE # 3016
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	TREASURER
Name	CARAWAY, MICHAEL
Address	250 INTERNATIONAL PARKWAY # 208
City-State-Zip:	LAKE MARY FL 32746

*I hereby 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 all other like empowered.*

**SIGNATURE: KATHLEEN HAWKINS****PRESIDENT****04/10/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date