

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000004612

Entity Name: WINTER PARK ACHIEVEMENT FOUNDATION, INC.**Current Principal Place of Business:**300 NEW YORK AVENUE
PO BOX 953
WINTER PARK, FL 32790**Current Mailing Address:**PO BOX 953
WINTER PARK, FL 32790 US**FEI Number:** 45-5235050**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPENCER, LEONARD K
300 NEW YORK AVENUE
PO BOX 953
WINTER PARK, FL 32790 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:** LEONARD K. SPENCER

03/07/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SPENCER, LEONARD K
Address PO BOX 953
City-State-Zip: WINTER PARK FL 32790

Title VP
Name HILLERY, MARK
Address PO BOX 953
City-State-Zip: WINTER PARK FL 32790

Title TREASURER
Name COMER, CORIE
Address PO BOX 953
City-State-Zip: WINTER PARK FL 32790

Title DIRECTOR
Name CARTER, LYNDON
Address PO BOX 953
City-State-Zip: WINTER PARK FL 32790

Title DIRECTOR
Name NEWSOME, RON
Address PO BOX 953
City-State-Zip: WINTER PARK FL 32790

Title DIRECTOR
Name PARKER, BENJAMIN
Address PO BOX 953
City-State-Zip: WINTER PARK FL 32790

Title DIRECTOR
Name OATS, RON
Address PO BOX 953
City-State-Zip: WINTER PARK FL 32790

Title DIRECTOR
Name DRAYTON, PAUL
Address PO BOX 953
City-State-Zip: WINTER PARK FL 32790

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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: COMER, CORIE

TREASURER

03/07/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WILSON, PETER
Address PO BOX 953
City-State-Zip: WINTER PARK FL 32790

Title DIRECTOR
Name LEWIS, CHARLES
Address PO BOX 953
City-State-Zip: WINTER PARK FL 32790

Title DIRECTOR
Name DAVIS, JOHN F
Address PO BOX 953
City-State-Zip: WINTER PARK FL 32790

Title DIRECTOR
Name JOHNSON, AUGUSTUS
Address PO BOX 953
City-State-Zip: WINTER PARK FL 32790