


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90016 028 ***158.75

DOCUMENT # F22174

1. Entity Name
ORANGE LAKE COUNTRY CLUB, INC.



Principal Place of Business Mailing Address
8505 W IRLO BRONSON MEM HWY **8505 W IRLO BRONSON MEM HWY**
KISSIMMEE, FL 34747-8201 US **KISSIMMEE, FL 34747-8201 US**


2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40035914



02062007 Chg-P CR2E034 (12/06)

4. FEI Number
58-1434701 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	WILSON, SPENCE	
STREET ADDRESS	8700 TRAIL LAKE DR. W., STE 300	
CITY-ST-ZIP	MEMPHIS, TN 38125	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	HARRILL, DON L	
STREET ADDRESS	8505 W IRLO BRONSON MEM HWY	
CITY-ST-ZIP	KISSIMMEE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEST, CAROLE WILSON	
STREET ADDRESS	8700 TRAIL LAKE DR. W., STE 300	
CITY-ST-ZIP	MEMPHIS, TN	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WILSON, ROBERT A	
STREET ADDRESS	8700 TRAIL LAKE DR WEST STE 300	
CITY-ST-ZIP	MEMPHIS, TN 38125	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WILSON, C. KEMMONS	
STREET ADDRESS	8700 TRAIL LAKE DR. W., STE 300	
CITY-ST-ZIP	MEMPHIS, TN 38125	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCLAIN, GARY	
STREET ADDRESS	8700 TRAIL LAKE DR. W., STE 300	
CITY-ST-ZIP	MEMPHIS, TN 38125	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See Attached Sheet For All Officers.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Asst.S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McClain, Gary	
STREET ADDRESS	8700 Trail Lake Dr.,W., STE 300	
CITY-ST-ZIP	Memphis, TN 38125	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Brian T. Lower** **407.905.1904**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40035914
#F22174

ORANGE LAKE COUNTRY CLUB, INC.
(FEI # 58-1434701)

8700 Trail Lake Drive West, Suite 300
Memphis, TN 38125

Spence Wilson	D/C
Robert A. Wilson	D/VP
C. Kemmons Wilson, Jr.	D/VP
Betty Wilson Moore	D
Carole Wilson West	D
William R. Batt	VP/Asst. T
Chip Crenshaw	Asst. S/Asst. T
Amy Jarreau	Asst. S
Gary McClain	Asst. S

8505 West Irlo Bronson Memorial Highway
Kissimmee, FL 34747

Don L. Harrill	P/CEO
Brian T. Lower	Sr. VP/S
Thomas R. Nelson	Exec. VP/CFO/T
Ron Juneman	Sr. VP
Robert L. Shaw	VP
Michael Thompson	VP
Debra A. Cohen	Asst. VP
Scott Nassar	Sr. VP
Robert A. Albertson	Exec. VP

D=Director, C=Chairman, P=President, CEO=Chief Executive Officer, CFO=Chief Financial Officer, Exec. VP=Executive Vice President, Sr. VP=Senior Vice President, VP=Vice President, S=Secretary, T=Treasurer, Asst.=Assistant