

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006919 (1)**

1. Corporation Name

WEST ORANGE POLITICAL ALLIANCE, INC.

Principal Place of Business

Mailing Address

**12200 W COLONIAL DRIVE
WINTER GARDEN FL 34787**

**PO BOX 770522
WINTER GARDEN FL 34777-0522**

3. Date Incorporated or Qualified
12/05/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOHN, THOMAS M
12200 W COLONIAL DRIVE
WINTER GARDEN FL 34787**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	AHRENDT, PATRICIA	
STREET ADDRESS	P.O. BOX 3271	
CITY-ST-ZIP	ORLANDO FL 32802-3271	
TITLE	D	☐ DELETE
NAME	ARDAMAN, A. KURT	
STREET ADDRESS	170 E WASHINGTON STREET	
CITY-ST-ZIP	ORLANDO FL 32801-2397	
TITLE	D	☐ DELETE
NAME	BOHN, TOM M	
STREET ADDRESS	P.O. BOX 770522	
CITY-ST-ZIP	WINTER GARDEN FL 34777	
TITLE	D	☐ DELETE
NAME	GLEASON, JIM	
STREET ADDRESS	P.O. BOX 614007	
CITY-ST-ZIP	ORLANDO FL 32861	
TITLE	D	☐ DELETE
NAME	NEEL, J. ASHER	
STREET ADDRESS	P.O. BOX 15627	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	☐ DELETE
NAME	PETRO, DANIEL J	
STREET ADDRESS	P.O. BOX 737	
CITY-ST-ZIP	OCOCHEE FL 34761	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☒ Addition
1.2 NAME		
1.3 STREET ADDRESS	250 S. Orange Ave, Ste. #600	
1.4 CITY-ST-ZIP	ORLANDO, FL. 32802	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☒ Addition
3.2 NAME		
3.3 STREET ADDRESS	12148 W. Colonial Drive	
3.4 CITY-ST-ZIP	Winter Garden, FL. 34787	
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	10,000 West Colonial Drive	
4.4 CITY-ST-ZIP	OCOCHEE, FL. 34761	
5.1 TITLE		☐ Change ☒ Addition
5.2 NAME		
5.3 STREET ADDRESS	400 Wood lawn Cemetery Rd.	
5.4 CITY-ST-ZIP	Gotha, FL. 34734 34734	
6.1 TITLE		☐ Change ☒ Addition
6.2 NAME		
6.3 STREET ADDRESS	130 Kissimmee Avenue	
6.4 CITY-ST-ZIP	OCOCHEE FL 34761	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **M. Bohn** 3/5/98 1407-656-1304

CP2E037 (10/97)