

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90149 007 ****61.25

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1. Corporation Name

WEST ORANGE POLITICAL ALLIANCE, INC.

Principal Place of Business

12200 W COLONIAL DRIVE
WINTER GARDEN FL 34787

Mailing Address

PO BOX 770522
WINTER GARDEN FL 34777-0522



2. Principal Place of Business

21 **12184 W. Colonial Dr.**

Suite, Apt. #, etc.

22 City & State

23 **Winter Garden FL**

24 Zip **34787** 25 Country **Orange**

2a. Mailing Address

26 **12184 W. Colonial Dr.**

Suite, Apt. #, etc.

27 City & State

28 **Winter Garden, FL**

29 Zip **34787** 30 Country **Orange**

3. Date Incorporated or Qualified

12/05/1997

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

12184 West Colonial Drive

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 **250 S ORANGE AVE, STE 600**
CITY-ST-ZIP **ORLANDO FL 32802**

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 **12148 W COLONIAL DR**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **D** ☒ DELETE
NAME **GLEASON, JIM**
STREET ADDRESS **10000 W COLONIAL DR**
CITY-ST-ZIP **OCOE FL 34761**

TITLE **D** ☒ DELETE
NAME **NEEL, J. ASHER**
STREET ADDRESS **400 WOOD LAWN CEMENTERY RD**
CITY-ST-ZIP **GOTHIA FL 34734**

TITLE **D** ☐ DELETE
NAME **PETRO, DANNIEL J**
STREET ADDRESS **130 KISSIMMEE AVE**
CITY-ST-ZIP **OCOE FL 34761**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **AMON, JACK**
1.3 STREET ADDRESS **219 W. OAKLAND AVE.**
1.4 CITY-ST-ZIP **OAKLAND, FL 34760**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **O'Keefe, DAN**
2.3 STREET ADDRESS **111 N. ORANGE AVE., Ste. 1800**
2.4 CITY-ST-ZIP **Orlando, FL 32801**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Cappleman, John**
3.3 STREET ADDRESS **10,000 W. Colonial Drive Ste 1403**
3.4 CITY-ST-ZIP **OCOE, FL 34761**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other lists empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99

Date

407.656.1304

Daytime Phone #

CR2E037 (1/98)