


FILE NOW: FILING FEE IS \$61.25

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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766299 (2)
1. Corporation Name
EDWARD W. PENNO POST NO. 4864 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business 10199 N. CITRUS SPRINGS BLVD. CITRUS SPRINGS FL 34434	Mailing Address 10199 N. CITRUS SPRINGS BLVD. CITRUS SPRINGS FL 34434-3144
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3. Date Incorporated or Qualified 12/27/1982	3a. Date of Last Report 03/13/1996
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

4. FEI Number 59-2333530	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**SHEPHERD, ROBERT
1895 WEST BELGRADE DRIVE
CITRUS SPRINGS FL 34434**

10. Name and Address of New Registered Agent

81 Name ARNALDO RODRIGUEZ
82 Street Address (P.O. Box Number is Not Acceptable) 11365 NORTH BRENDA TERRACE
83
84 City CITRUS SPRINGS
85 Zip Code FL 34434

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: *Arnaldo Rodriguez* **ARNALDO RODRIGUEZ, QUARTERMASTER** **12 JAN 97**
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 CD	<input type="checkbox"/> DELETE
NAME CARLBERG, CARL, R	
STREET ADDRESS 8741 SW 202 AVE RD	
CITY - ST - ZIP DUNNELLON FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME ADAMS, HOWARD T	
STREET ADDRESS 41 LAKEWOOD CIR	
CITY - ST - ZIP OCALA FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME SHEPHERD, ROBERT	
STREET ADDRESS 1895 W. BELGRADE DR	
CITY - ST - ZIP CITRUS SPRINGS FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE QUARTERMASTER, (TD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME ARNALDO RODRIGUEZ	
3.3 STREET ADDRESS 11365 NORTH BRENDA TERRACE	
3.4 CITY - ST - ZIP CITRUS SPRINGS, FL 34434	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: *Arnaldo Rodriguez* **ARNALDO RODRIGUEZ, QUARTERMASTER** **12 JAN 97** **(352) 465-4401**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0005117

CRE037 (9/96)

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NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709586 (2)

1. Corporation Name
WEST ORANGE COUNTRY CLUB, INC.



Principal Place of Business: 3300 W.O.C.C. DRIVE WINTER GARDEN FL 34787
Mailing Address: 3300 W.O.C.C. DRIVE WINTER GARDEN FL 34787

3. Date Incorporated or Qualified: 09/14/1965
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt. #, etc.	25. Suite, Apt. #, etc.	59-1155668	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
HOWELL, ALAN P.
960 SUMMER LAKES DR.
ORLANDO FL 32811

10. Name and Address of New Registered Agent
81 Name: Curtis Pickens
82 Street Address (P.O. Box Number is Not Acceptable): 3202 West Orange Country Club Dr.
83
84 City: Winter Garden FL 85 Zip Code: 34787

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: *Curtis Pickens* Curtis Pickens, Chairman 1-13-97
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	<input type="checkbox"/> DELETE
NAME	HARPER, BILL	
STREET ADDRESS	9158 PRISTINE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	HOWELL, ALAN P	
STREET ADDRESS	960 SUMMER LAKES DR.	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	BRITT, NEIL	
STREET ADDRESS	P.O. BOX 98 N/A	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	CHATHAM, PAUL	
STREET ADDRESS	16433 SANDHILL RD.	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KNOWLES, BILL	
STREET ADDRESS	P O BOX 1341	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHORES, BILL	
STREET ADDRESS	4142 WILLOW BAY DRIVE	
CITY-ST-ZIP	WINTER GARDEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dwight Smith	
1.3 STREET ADDRESS	2500 KURTZ AVE STE D	
1.4 CITY-ST-ZIP	ORLANDO FL 32806	
2.1 TITLE	TEENSWERK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CREWFOOD BAILEY	
2.3 STREET ADDRESS	9000 CRIGHTON WOODS ROAD	
2.4 CITY-ST-ZIP	ORLANDO, FL 32819	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BEN TOMBS	
3.3 STREET ADDRESS	8750 ALYSON CIRCLE	
3.4 CITY-ST-ZIP	ORLANDO, FL 32836	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Paul Chatham	
4.3 STREET ADDRESS	16433 Sandhill Rd	
4.4 CITY-ST-ZIP	WINTER GARDEN, FL 34787	
5.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Curtis Pickens	
5.3 STREET ADDRESS	3202 WOOD DRIVE	
5.4 CITY-ST-ZIP	WINTER GARDEN, FL 34787	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Walt Cobb	
6.3 STREET ADDRESS	718 STIMMET DR	
6.4 CITY-ST-ZIP	ORLANDO, FL 34761	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Curtis Pickens* Curtis Pickens, Chairman 01-13-97
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0079937

CR2E037 (9/96)