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FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768381 (6)

1. Corporation Name

THE WINTER PARK GOOD GOVERNMENT GROUP, INC.



Principal Place of Business

Mailing Address

834 ANTONETTE AVE
WINTER PARK FL 32789
USP O BOX 746
WINTER PARK FL 32780-0746
US3. Date Incorporated or Qualified
05/11/19833a. Date of Last Report
04/27/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAUMAN, WILLIAM A
1850 LEGION DRIVE
WINTER PARK FL 32789

81

Name

William A. Bauman

82

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

1850 Legion Drive

83

84

City

Winter Park

FL

85

Zip Code

32789

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

William A. Bauman

(NOTE: Registered Agent signature required when reinstating)

18 January 1997

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ARMSTRONG, JOHN	
STREET ADDRESS	1323 STEWART STREET	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HENDERSON, WYATT	
STREET ADDRESS	1271 VIA CAPRI	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BAUMAN, WILLIAM A.	
STREET ADDRESS	1850 LEGION DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILSON, STANLEY	
STREET ADDRESS	834 ANTONETTE AVENUE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCKECHNIE, FRANKLIN	
STREET ADDRESS	1620 MAYFLOWER COURT	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RANDALL, JANICE R	
STREET ADDRESS	1457 WILLIAMS DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32789	

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARGARET SANDERS	
1.3 STREET ADDRESS	641 WILLIAMS DR	
1.4 CITY-ST-ZIP	WINTER PARK FL 32789	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JUDY KURTZ	
2.3 STREET ADDRESS	800 MCINTYRE AVE	
2.4 CITY-ST-ZIP	WINTER PARK FL 32789	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROY HALLDEEN	
3.3 STREET ADDRESS	1111 TEMPLE DRIVE	
3.4 CITY-ST-ZIP	WINTER PARK FL 32789	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BOB SCHIMMELPFENNIG	
4.3 STREET ADDRESS	346 VITORIA AVE	
4.4 CITY-ST-ZIP	WINTER PARK FL 32789	
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, 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 in an attachment with an address.

SIGNATURE:

Stanley E. Wilson

STANLEY E. WILSON (407) 644-9849
14 JANUARY 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0015288

CR2E037 (9/96)