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Feb 12 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 # **768381** (6)
1. Corporation Name
THE WINTER PARK GOOD GOVERNMENT GROUP, INC.



Principal Place of Business 834 ANTONETTE AVE WINTER PARK FL 32789 US		Mailing Address P O BOX 746 WINTER PARK FL 32780 US		3. Date Incorporated or Qualified 05/11/1983	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-2916122 Applied For Not Applicable	
5. Certificate of Status Desired <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"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BAUMAN, WILLIAM A 1850 LEGION DRIVE WINTER PARK FL 32789		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	SANDERS, MARGARET S	1.2 NAME	
STREET ADDRESS	641 WILLIAMS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	KURTZ, JUDY	2.2 NAME	
STREET ADDRESS	800 MCINTYRE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	BAUMAN, WILLIAM A.	3.2 NAME	
STREET ADDRESS	1850 LEGION DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	
NAME	WILSON, STANLEY	4.2 NAME	
STREET ADDRESS	834 ANTONETTE AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	
NAME	MCKECHNIE, FRANKLIN	5.2 NAME	
STREET ADDRESS	1620 MAYFLOWER COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	RANDALL, JANICE R	6.2 NAME	
STREET ADDRESS	1457 WILLIAMS DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	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.

SIGNATURE: *Stanley E. Wilson* STANLEY E. WILSON
16 JANUARY 1998

CP25037 (10/97)