FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768381

Corporation Name

THE WINTER PARK GOOD GOVERNMENT GROUP, INC.

Principal Place of Business 834 ANTONETTE AVE WINTER PARK FL 32789

21

2. Principal Place of Business

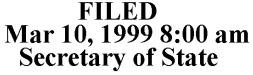
Mailing Address

2a. Mailing Address

P O BOX 746 WINTER PARK FL 32790

US

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3. Date Incorporated or Qualifed

05/11/1983

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Suite,	Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number 59-2916122	 	plied For t Applicable	
City &							\$8.75 Additional	
23	28 Z8			5. Certifcate of Status Desired		Fee Re		
Zip	Country	Zip	Country	_	6. Election Campaign Financing	\$5.00	May Re	
24	25	29 30]		Trust Fund Contribution	Added t	, ,	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent		
				Name			}	
Bauman, William a				61	(D.O. B N			
1850 LEGION DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)				
WINTER PARK FL 32789				 				
WHITEH FAMIL I E 02709								
			84	City	FL	85 Zip C		
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.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE	ļ		☐ Change	☐ Addition	
NAME	SANDERS, MARGARET S		1.2 NAME	Ì			ĺ	
STREET ADD	RESS 641 WILLIAMS DR		1.3 STREET	ADDRESS			ļ	
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST	-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition	
NAME	Kurtz, Judy		2.2 NAME					
STREET ADD	RESS 800 MCINTYRE AVE		2.3 STREET	ADDRESS			}	
CITY-ST-ZIP	WINTER PARK FL		2. 4 CITY-ST	T-ZIP	_	٩٠		
TITLE	TD	☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME	BAUMAN, WILLIAM A.		3.2 NAME				j	
STREET ADD	RESS 1850 LEGION DRIVE		3.3 STREET	ADDRESS				
CITY-ST-ZIP	WINTER PARK FL 32789	_	3.4. CITY-ST	r-ZiP			. }	
TITLE	PD	☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME	WILSON, STANLEY		4. 2 NAME					
STREET ADD	RESS 834 ANTONETTE AVENUE	ſ	4.3 STREET	ADDRESS	·		ţ	
CITY-ST-ZIP	WINTER PARK FL	_	4.4 CITY-ST	-ZIP			}	
TITLE	SD	☐ DEL€TE	5.1 TITLE			Change	☐ Addition	
NAME	MCKECHNIE, FRANKLIN	1	5.2 NAME	1			1	
STREET ADD		j	5.3 STREET.	ADDRESS			}	
CITY-ST-ZIP	WINTER PARK FL 32792		5.4 CITY-ST	-ZIP				
TITLE	D	☐ DELETE	6.1 TITLE	1 -		Change	☐ Addition	
NAME	RANDALL, JANICE R		8.2 NAME				ł	
STREET ADDI	ress 1457 WILLIAMS DRIVE	1	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 suppliemental 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 like empowered.

SIGNATURE:

asiley ATEIRI DELONIE ELWILSON 3 Mar 1999 (407) 644-9849

DOE027 (11/08)