2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 18, 2004 8:00 am **DOCUMENT # 768381 Secretary of State** 1. Entity Name 02-18-2004 90009 046 ****61.25 THE WINTER PARK GOOD GOVERNMENT GROUP, INC. Principal Place of Business Mailing Address 834 ANTONETTE AVE P O BOX 746 0401/400 WINTER PARK FL 32789 WINTER PARK FL 32790 2. Principal Place of Business 3. Mailing Address 1620 MAYFLOWER Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) B519 APT. City & State City & State 4. FEI Number Applied For WINTER PARK 59-2916122 Not Applicable ^{Zip} 327<u>9</u>2 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent . 7 KURTZ, JUDY Street Address (P.O. Box Number is Not Acceptable) **800 MCINTYRE AVE** WINTER PARK FL 32789 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Addition Change SANDERS, MARGARET S SAURMAN, ANN NAME NAME 7041-OSCEOLA AVE 641 WILLIAMS DR STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY - ST - ZIP CITY-ST-ZIP WINTER PARK FL 32789 TITLE ☐ Delete Addition TITLE Change KURTZ, JUDY NAME SAURMAN, JAMES 800 MCINTYRE AVE STREET ADDRESS STREET ADDRESS 1041 OSCEOLA AVE WINTER PARK FL 32789 CITY-ST-ZIP CITY-ST-7/P WINTER PARK FL 32789 TITLE ☐ Delete TITLE Change Addition MORAN, MARGARET JUNG DONALD TIS GRANVILLE AVE. NAME NAME 2500 LEE ROAD #131 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY - ST-ZIP CITY-ST-ZIP WINTER PARK FL TITLE ☐ Delete TITLE Change ☐ Addition WILSON, STANLEY NAME NAME 834 ANTONETTE AVENUE STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP CITY-ST-7/P Delete TITLE TITLE Change Addition MCKECHNIE, FRANKLIN NAME NAME 1620 MAYFLOWER COURT STREET ADDRESS STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition RANDALL, JANICE R NAME NAME 1457 WILLIAMS DRIVE STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stanley & Wilson STANCEY E. WILSON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED