

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768381

FILED
May 01, 2006
Secretary of State

Entity Name: THE WINTER PARK GOOD GOVERNMENT GROUP, INC.

Current Principal Place of Business:

1620 MAYFLOWER CT
APT. B519
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 746
WINTER PARK, FL 32790 US

New Mailing Address:

FEI Number: 59-2916122 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KURTZ, JUDY
800 MCINTYRE AVE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SPURMAN, JAMES
Address: 1041 OSCEOLA AVE
City-St-Zip: WINTER PARK, FL 32789

Title: TD () Delete
Name: KURTZ, JUDY
Address: 800 MCINTYRE AVE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: MORAN, MARGARET
Address: 2500 LEE ROAD #131
City-St-Zip: WINTER PARK, FL 32789

Title: PD () Delete
Name: WILSON, STANLEY
Address: 834 ANTONETTE AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: SD () Delete
Name: SAURMAN, ANN
Address: 1041 OSCEOLA AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: RANDALL, JANICE R
Address: 1457 WILLIAMS DRIVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JUNG, DON
Address: 713 GRANVILLE DR.
City-St-Zip: WINTER PARK, FL 32789

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: WILSON, STANLEY
Address: 1620 MAYFLOWER CT., APT. B519
City-St-Zip: WINTER PARK, FL 32792

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH C. KURTZ

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05/01/2006

Electronic Signature of Signing Officer or Director

Date