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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 769346

(8)

1. Corporation Name

WINNERS CIRCLE CLUB, INC.



Principal Place of Business

9701 N.E. JACKSONVILLE ROAD (OLD 301)  
P.O. BOX 276  
ANTHONY FL 32617

Mailing Address \*

9701 N.E. JACKSONVILLE ROAD (OLD 301)  
P.O. BOX 276  
ANTHONY FL 32617

3. Date Incorporated or Qualified  
07/13/1983

3a. Date of Last Report  
06/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2800305

☒ Applied For  
☐ Not Applicable

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MYERS, LEWIS O.  
403 NORTHEAST SECOND STREET  
OCALA FL 32670

81 Name

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

83

84 City

FL

85 Zip Code

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. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S ☐ DELETE

NAME STEMPLY, JUDITH A.  
STREET ADDRESS 18660 SE 25TH PLACE  
CITY-ST-ZIP OKLAHAWA FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

COOK, WAYNE L. (P)  
6890 NW 57 AVE  
OCALA, FLA 34482

TITLE PD ☐ DELETE

NAME COOK, WAYNE L.  
STREET ADDRESS 6890 NW 57 AVE  
CITY-ST-ZIP OKALA FL 34482

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

STEMPLY, CHARLIE (D)  
18660 SE 25 PL.  
OKLAHAWA, FLA

TITLE TD ☐ DELETE

NAME STEMPLY, CHARLIE  
STREET ADDRESS 18660 SE 25TH PLACE  
CITY-ST-ZIP OKLAHAWA FL

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

BUSBOOM, RANDALL E (D)  
7 FIR TRAIL WAY  
OCALA, FLA

TITLE DV ☐ DELETE

NAME BUSBOOM, RANDALL E.  
STREET ADDRESS 7 FIR TRAIL WAY  
CITY-ST-ZIP OKALA FL

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Paul L. Lussier PAUL L. LUSSIER

2/18/96

237-3579

351-5257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)