


FILE NOW: FILING FEE IS \$61.25

FILED

May 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 769346 (8)</b>					
1. Corporation Name <b>WINNERS CIRCLE CLUB, INC.</b>					



Principal Place of Business	Mailing Address
9701 N.E. JACKSONVILLE ROAD (OLD 301) P.O. BOX 276 ANTHONY FL 32617	9701 N.E. JACKSONVILLE ROAD (OLD 301) P.O. BOX 276 ANTHONY FL 32617-0276

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/13/1983</b>		3a. Date of Last Report <b>04/21/1996</b>	
21		26		4. FEI Number <b>59-2800305</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MYERS, LEWIS O.</b> <b>403 NORTHEAST SECOND STREET</b> <b>OCALA FL 32670</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S</b>	1.2 NAME	
STREET ADDRESS	<b>STEMPLY, JUDITH A.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>18680 SE 25TH PLACE</b>	1.4 CITY-ST-ZIP	
	<b>OKLAWAHA FL</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.2 NAME	
NAME	<b>D</b>	2.3 STREET ADDRESS	
STREET ADDRESS	<b>COOK, WAYNE L.</b>	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	<b>6890 NW 57 AVE</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>OCALA FL 34482</b>	3.2 NAME	
TITLE	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
NAME	<b>D</b>	3.4 CITY-ST-ZIP	
STREET ADDRESS	<b>STEMPLY, CHARLIE</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<b>18680 SE 25TH PLACE</b>	4.2 NAME	
	<b>OKLAWAHA FL</b>	4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>BUSBOOM, RANDALL E.</b>	5.2 NAME	
CITY-ST-ZIP	<b>7 FIR TRAIL WAY</b>	5.3 STREET ADDRESS	
	<b>OCALA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D</b>	6.2 NAME	
STREET ADDRESS	<b>Hutcherson Norris</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>640 SE 44 AVE</b>	6.4 CITY-ST-ZIP	
	<b>OCALA FLA</b>		
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

14. I do 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: *Norris Hutcherson Mortham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR