## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

(8)

	FILEI	)
Jun 05	1998	8:00am
Secre	etary c	of State

Managery Address of Bourness   2a Maning Address   3b.75 Additional P.O. 80X 276   ARTHONY R. 32817   3b.75 Additional P.O. 80X 276   ARTHONY R. 32817   3c. Maning Address   2a Maning Address   3b.75 Additional P.O. 80X 275   Suite, April #.600	WINNE	ERS CIRCLE CLUB, INC.				
P.O. BOX 276 ARTHONY R. 39817 ARTHONY R.	Principal Plac	e of Business	Mailing Address		T INDANI KADIO BYING INKED LYINK ÖYDIÐ ÐIÐI EKDIÐ ÓF	911 01011 01011 01011 01011 <del>1</del> 001
2. Principle Place of Business   28. Mahring Address   28   38   5. Certificate of Status Desired   \$5.75 Additional Per Per Pagadress   28   5. Certificate of Status Desired   \$5.00 May 80   5. C	P.O. BOX 276 P.O. BOX 276		OAD (OLD 301)	07/13/1983	Applied For	
Sulps, Apt. #, etc.    Sulps, Apt. #, etc.   27					59-2800305	Not Applicable
27 City & State   28 City & State   28 City & Country   27 City & State   28 City & Country   28	21 26			5. Certificate of Status Desired	7	
City & State   City &						
Zip   Country   Zip	04 0 04-4					
Zip Country 2 ip	<b>├</b> ── *			· · · · · · · · · · · · · · · · · · ·		
MYERS, LEWIS O. 403 NORTHEAST SECOND STREET OCALA FL 32670  11. Pursuant to the provisions of Socialos 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am Hamilian with, mad accept the originations of 7,0505 of 17,0507 of 17	Zip	<b>⊢</b> '	<u>├</u>	<del>-</del> -, `		rrent year Intangible
MYERS, LEWIS O. 403 NORTHEAST SECOND STREET OCALA FL 32670  11. Pursuant to the provisions of Sociains 617,0502 and 617,1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the Stato of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and tamiliar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Symbots. Injury of prevent rank at larguages and an injury	24			10		
MYERS, LEWIS O. 403 NORTHEAST SECOND STREET OCALA FL 32670  BB City FL BB City FL BB ZIP Code  T1. Pursuant to the provisions of Sections 617,0502 and 617,1508, Rorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In the Ministry of the Color of Product Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In the Ministry of the Color of Production Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In the Ministry of Production of Production of Production Statutes, the above-named corporation's board of directors, I hereby accept the appointment as registered of Production of Production of Production Statutes, I hereby accept the appointment as registered agent. In the Ministry of Production of Production of Production Statutes, I hereby accept the appointment as registered agent. In the Ministry of Production of Production Statutes, I hereby accept the appointment as registered agent. In the I have been decided by the corporation's board of directors, I hereby accept the appointment as registered of Production's Statutes, I hereby accept the appointment as registered agent. In the I have been decided by the corporation's board of directors, I hereby accept the appointment as registered agent. In the I have been decided by the corporation's board of directors, I hereby accept the appointment as registered agent. In the I have been decided by the corporation's board of directors, I hereby accept the appointment as registered decided by the corporation's board of directors, I hereby accept the appointment as registered agent. In the I have been decided by the corporation's board of directors, I hereby accept the appointment as registered agent. In the I have been decided by the corporation's board of directors, I hereby accept the appointment as registered decided by the corporation's board of directors, I hereby accept the appointmen	ļ	y, Name and Address of Currer	nt Registered Agent	04 Name	10. Name and Address of New Registered	Agent
403 NORTHEAST SECOND STREET  OCALA FL 32870  11. Pursuant to the provisions of Socions 617,0502 and 617,1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of 57,0503, Florids Statutes.  SIGNATURE  Signature  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. THE  STEMPLY, JUDITH A.  18860 SE 25TH PLACE  13. SIRECT ADDRESS  OKLAWAHA FL  14. CUTY-ST-2P  OKLAWAHA FL  10. DELETE  22. NAME  32. STEMPLY, STAYE  OCALA FL 34482  OCALA FL 34482  OCALA FL  18860 SE 25TH PLACE  33. SHEET ADDRESS  OCKLAWAHA FL  10. DELETE  34. THE  35. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. NAME  18860 SE 25TH PLACE  19860 SE 25TH	4 11 422			Name		
OCALA FL 38870    B4   City   FL   S5   Zip Code				82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
11. Pursuant to the provisions of Socions 617 0502 and 617 1508. Florida Statistics, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statistics agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statistics agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statistics agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statistics  ISONATURE    Spoulare pried or printed name of registered agent and life if accidable.   (NOTE Registered Agent signature required when initializing)   (DATE   12 NAME   12 NAME   12 NAME   12 NAME   13 STREET ADDRESS   13 STREET ADDRESS   13 STREET ADDRESS   13 STREET ADDRESS   14 STREET ADDRESS   15 STR			83			
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, 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, 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, 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, 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, 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, or both, in the State of State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the registered depends on the state of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the purpose of change is registered dependent and accept the option of State of St	OCALA	FL 320/0		85		
11. Pursuant to the provisions of Socions 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.    SIGNATURE				84 City	El	85 Zip Code
Signature   Sign	11. Pursuant	to the provisions of Sections 617.050	)2 and 617 1508 Florida Statutes	the above-named corn		
SIGNATURE   Signature typed or prinded name of legislaced agent and lift of applications   (NOTE Registated Agent separative recovered when ministating)   DATE	office or r	egistered agent, or both, in the State	of Florida. Such change was aut	thorized by the corporal	lion's board of directors. I hereby accept the app	pointment as registered
12.   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   1.1 TITLE   Change   Addition   Addition   1.2 NAME   1.2 NAME   1.3 SIRECE ADDRESS   1.3 SIRECE ADDRESS   1.3 SIRECE ADDRESS   1.4 CITY-ST-ZIP   OKLAWAHA FL   1.4 CITY-ST-ZIP   OKLAWAHA FL   2.2 NAME   2.2 NAME   2.2 NAME   3.3 SIRECE ADDRESS   3.3		m amiliar with, and accept the boilg	ations of, Section 617.0503, Florid	da Statules.		
TITLE STEEPLY, JUDITH A. 12 INTITUE DELETE 1.1 TITLE DELETE 2.1 TITLE DELETE 3.1 TITLE 3.1 TIT	SIGNATURE	Signature, typed or printed name of registered age	ont and little if applicable (NOTE: F	Registered Agent signature requir	red when reinstaling) DATE	
NAME   STEMPLY, JUDITH A.   12 NAME   1.3 STREET ADDRESS   18680 SE 25TH PLACE   1.3 STREET ADDRESS   CITY-ST-2IP   OKLAWAHA FL   1.4 CITY-ST-2IP   OKLAWAHA	12.	OFFICERS AN				DIRECTORS IN 12
STREET ADDRESS	TITLE	8	DELETE	1.1 TITLE		☐ Change ☐ Addition
CITY-ST-ZIP	NAME			1.2 NAME		
TITLE	STREET ADDRESS			1.3 STREET ADDRESS		
NAME   COOK, WAYNE L.   22 NAME   STREET ADDRESS   CITY-ST-ZIP   COCALA FL 34482   2.4 CITY-ST-ZIP   CHARGE   STEMPLY, CHARLIE   STEMPLY, CHARLIE   STEMPLY CHARLIE   Change   Addition   Addi	CITY-ST-ZIP			1.4 CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE D CALA FL 34482  2.4 CITY-ST-ZIP TITLE D STEMPLY, CHARLIE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE D CKLAWAHA FL 3.4 CITY-ST-ZIP TITLE D CALA FL Addition AME STREET ADDRESS CITY-ST-ZIP TITLE D CLARGE Addition AME BUSBOOM, RANDALL E. 7 FIR TRAIL WAY OCALA FL ACTIY-ST-ZIP TITLE D CLARGE Addition AME STREET ADDRESS CITY-ST-ZIP TITLE D CLARGE Addition AME STREET ADDRESS CITY-ST-ZIP CCALA FL CTANGE  DELETE STREET ADDRESS CITY-ST-ZIP CCALA FL CTANGE CTANGE STREET ADDRESS CITY-ST-ZIP CCALA FL CTANGE CTANG	TITLE	•	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
CITY-ST-ZIP	NAME			2.2 NAME		
TITLE D DELETE 31 TITLE	STREET ADDRESS			2.3 STREET ADDRESS		
NAME STEMPLY, CHARLIE STREET ADDRESS 19660 SE 25TH PLACE OCKLAWAHA FL 33 STREET ADDRESS CITY-ST-ZIP TITLE D DELETE A1 TITLE D AMME BUSBOOM, RANDALL E. STREET ADDRESS CITY-ST-ZIP TITLE D DELETE A1 TITLE D AMME BUSBOOM, RANDALL E. STREET ADDRESS CITY-ST-ZIP TITLE D DELETE D DELETE D DELETE D Addition NAME HUTCHESON, NORRIS STREET ADDRESS CITY-ST-ZIP TITLE D DELETE D STREET ADDRESS CITY-ST-ZIP TITLE D DELETE D STREET ADDRESS G40 S.E. 44 AVE DELETE D STREET ADDRESS G11TLE D DELETE D STREET ADDRESS G11TLE D DELETE G1 TITLE D D DELETE G1 TITLE D D D D D D D D D D D D D D D D D D D				<del></del>		
STREET ADDRESS  CITY-ST-ZIP  OCKLAWAHA FL  1ITLE  D  DELETE  4.1 ITILE  NAME  SUSBOOM, RANDALL E.  STREET ADDRESS  CITY-ST-ZIP  OCALA FL		•	☐ DELETE			L Change L Addition
City-st-zip			i			
TITLE						
NAME   BUSBOOM, RANDALL E.   4.2 NAME			DELETE			Change Addition
Treet Address		<del>-</del>	- Deterie			Clarife C Musicion
CITY-ST-ZIP         OCALA FL         4.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE           NAME         HUTCHESON, NORRIS         5.2 NAME           STREET ADDRESS         640 S.E. 44 AVE         5.3 STREET ADDRESS           CITY-ST-ZIP         OCALA FL         5.4 CITY-ST-ZIP           TITLE         DELETE         61 TITLE           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS		·	į			
DELETE			1			
NAME			DELETE			Change Addition
STREET ADDRESS   640 S.E. 44 AVE   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP		•				
CITY-ST-ZIP         OCALA FL         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS						Ì
TITLE DELETE 61 TITLE Change Addition  NAME  STREET ADDRESS  62 NAME  63 STREET ADDRESS						
STREET ADDRESS 6.3 STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	☐ DELETE			Change Addition
	NAME			6.2 NAME		
CITY-ST-ZIP 64 CITY-ST-ZIP	STREET ADDRESS			6.3 STREET ADDRESS		
	CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 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.