


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

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90001 019 ****61.25

DOCUMENT # 769346 1. Entity 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	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2800305	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MYERS, LEWIS O. 403 NORTHEAST SECOND STREET OCALA FL 32670				Name Street Address (P.O. Box Number is Not Acceptable) City - FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEMPLY, JUDITH A.		NAME		
STREET ADDRESS	18660 SE 25TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	OKLAWAHA FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAMIAN, BRIAN N		NAME		
STREET ADDRESS	P O BOX 1191		STREET ADDRESS		
CITY-ST-ZIP	CITRA FL 32113		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUSBOOM, RANDALL E.		NAME		
STREET ADDRESS	7 FIR TRAIL WAY		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUTCHESON, NORRIS		NAME		
STREET ADDRESS	640 S.E. 44 AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KITTERMAN, ARTHUR W		NAME		
STREET ADDRESS	2222 SE 7TH AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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: <i>Norris Hutcherson</i> NORRIS HUTCHESON D. 8/24/04 (352) 351-5257					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					