

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90036 041 \*\*\*\*61.25

<b>DOCUMENT # 769346</b>	
1. Entity Name	
WINNERS CIRCLE CLUB, INC.	



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

2. Principal Place of Business	3. Mailing Address
9700 N.E. 21 AVE. Suite, Apt. #, etc. Anthony FL 32617 City & State Anthony FL Zip 32671 Country MARROU	City & State City & State Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number	59-2800305	Applied For Not Applicable
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 May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$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	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	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	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	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	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		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:** *Norris Hutcherson* *2/18/05* *(352) 694-6547*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #