

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769346

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: WINNERS CIRCLE CLUB, INC.

**Current Principal Place of Business:**

9700 NE 21 AVE  
ANTHONY, FL 32617

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

9701 N.E. JACKSONVILLE ROAD (OLD 301)  
P.O. BOX 1344  
ANTHONY, FL 32617

FEI Number: 59-2800305

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: HUTCHESON, TERESA  
Address: 5221 SE 32ND CT  
City-St-Zip: OCALA, FL 34480

Title: D ( ) Delete  
Name: REDFERIN, EDDIE  
Address: PO BOX 902  
City-St-Zip: SPARR, FL 32192

Title: D ( ) Delete  
Name: HUTCHESON, NORRIS  
Address: 640 S.E. 44 AVE  
City-St-Zip: OCALA, FL

Title: D ( ) Delete  
Name: KITTERMAN, ARTHUR W  
Address: 2222 SE 7TH AVE  
City-St-Zip: OCALA, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORRIS HUTCHESON

D

04/06/2009

Electronic Signature of Signing Officer or Director

Date