

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90011 016 ****61.25

DOCUMENT # N44380

1. Corporation Name

KISSIMMEE WEST SIDE CLUB, INC.

Principal Place of Business

101 S. CYPRESS STREET
UNIT L
KISSIMMEE FL 34741

Mailing Address

101 S. CYPRESS STREET
UNIT L
KISSIMMEE FL 34741



* 5 8 6 0 9 8 - 9 0 0 1 1 - 1 6 *



2. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip Country

4 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/19/1991

4. FEI Number

59-3082628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MERCER, BOBBI
1085 DEAN ST
ST. CLOUD FL 34771

10. Name and Address of New Registered Agent

81 Name **ALEX RINGO**

82 Street Address (P.O. Box Number is Not Acceptable)
716 N. PALM

83 City

Kissimmee

FL

85 Zip Code

34707

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 *Alex Ringo*
Signature, typed or printed name of registered agent and title, if applicable.

ALEX RINGO, President

7/1/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	MERCER, BOBBI	1085 DEAN ST	ST. CLOUD FL 34771	<input checked="" type="checkbox"/>
VPD	RINGO, ALEX	716 N. PALM	KISSIMMEE FL 34707	<input checked="" type="checkbox"/>
SD	CLOUSER, KIPPY	1404 DEABBETTE ST	KISSIMMEE FL 34741	<input type="checkbox"/>
TD	STANLEY, JOE H	2244 CYPRESS KNEE LOOP	KISSIMMEE FL 34744	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	Ringo, Alex	716 N. PALM	Kissimmee, FL 34707	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. 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 supplement to 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, with all other like empowered.

SIGNATURE: *Joe H. Stanley* **JOE H. STANLEY, JR**

7/2/99

407-656-4490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (5/99)