

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000004321 (4)  
1. Corporation Name

WEST ORANGE PEOPLE IN PARTNERSHIP, INC.



Principal Place of Business  
C/O MR. FRANKIE L. MASSEY  
1417 BASIN STREET  
WINTER GARDEN FL 34787

Mailing Address  
C/O MR. FRANKIE L. MASSEY  
1417 BASIN STREET  
WINTER GARDEN FL 34787

3. Date Incorporated or Qualified  
09/12/1995

3a. Date of Last Report

4. FEI Number  
59-3350461

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

MASSEY, FRANKIE L  
1417 BASIN STREET  
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

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: Frankie L. Massey FRANKIE LEE MASSEY 6-19-96  
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	MASSEY, FRANKIE L	1417 BASIN STREET	WINTER GARDEN FL 34787	<input type="checkbox"/>
VP	NICHOLSON, LYNN	1240 LAKE RIDGE CIRCLE	CLERMONT FL	<input checked="" type="checkbox"/>
S	CLARK, DIANE	1673 CHRISTOPHER STREET	WINTER GARDEN FL	<input checked="" type="checkbox"/>
S	McFARLAND, PATRICIA	12540 LAKE RIDGE CIRCLE	CLERMONT FL	<input checked="" type="checkbox"/>
T	DIXON, GLADYS	1160 EAST BAY STREET	WINTER GARDEN FL	<input type="checkbox"/>
T	BURKE, KATIE	1417 BASIN STREET	WINTER GARDEN FL 34787	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
VP - D	Nicholson, Lynn	12548 Lake Ridge Circle	Clermont, FL 34711	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S - D	Jones, Vanessa	5656 Grand Canyon Dr.	Orlando, FL 32810	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S - D	McFarland, Patricia	12548 Lake Ridge Circle	Clermont, FL 34711	<input checked="" type="checkbox"/>	<input type="checkbox"/>
400001917504				<input type="checkbox"/>	<input type="checkbox"/>
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***61.25					

8/19/96 CMR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Frankie L. Massey FRANKIE LEE MASSEY 6-19-96 407-656-9351  
Signature, type or printed name of signing officer or director Date Daytime Phone #