

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 20 1998 8:00am
Secretary of State

0072286

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004321 (4)
1. Corporation Name
WEST ORANGE PEOPLE IN PARTNERSHIP, INC.

Principal Place of Business 830 KLONDIKE ST. WINTER GARDEN FL 34787 US	Mailing Address 830 KLONDIKE ST. WINTER GARDEN FL 34787 US
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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
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9. Name and Address of Current Registered Agent NICHOLSON, LYNN 830 KLONDIKE ST. WINTER GARDEN FL 34787	
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3. Date Incorporated or Qualified 09/12/1995	
4. FEI Number 59-3350461	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	NICHOLSON, LYNN
STREET ADDRESS	12548 LAKE RIDGE CIRCLE
CITY-ST-ZIP	CLERMONT FL 34711
TITLE	VD <input type="checkbox"/> DELETE
NAME	EARLE, CARLENE
STREET ADDRESS	1020 CHASE DR
CITY-ST-ZIP	WINTER GARDEN FL 34787
TITLE	SD <input type="checkbox"/> DELETE
NAME	JONES, VANESSA
STREET ADDRESS	5656 GRAND CANYON DR
CITY-ST-ZIP	ORLANDO FL 32810
TITLE	S <input type="checkbox"/> DELETE
NAME	McFARLAND, PATRICIA
STREET ADDRESS	12548 LAKE RIDGE CIRCLE
CITY-ST-ZIP	CLERMONT FL 34711
TITLE	T <input type="checkbox"/> DELETE
NAME	DIXON, GLADYS
STREET ADDRESS	1160 EAST BAY STREET
CITY-ST-ZIP	WINTER GARDEN FL
TITLE	AT <input type="checkbox"/> DELETE
NAME	HOLT, CARLA
STREET ADDRESS	1052 N. CIRCLE COURT
CITY-ST-ZIP	WINTER GARDEN FL 34787

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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: Lynn S. Nicholson **LYNN S. NICHOLSON** 7/26/98 352-292-9976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)