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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N95000004321

1. Corporation Name

WEST ORANGE PEOPLE IN PARTNERSHIP, INC.

Principal Place of Business 830 KLONDIKE ST. WINTER GARDEN FL 34787 Mailing Address

830 KLONDIKE ST. WINTER GARDEN FL 34787 FILED
Mar 04, 1999 8:00 am §
Secretary of State

03-04-1999 90236 024 ****61.25



2. Principal Place of Business 2a Mailing Address 3. Date incorporated or Qualifed 09/12/1995 Suite, Apt. #, etc. 25 Suite, Apt. #, etc. 4. FEI Number Applied For Neur Applicable 19/12/1995 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 4. FEI Number Applied For Neur Applicable 19/12/1995 City & State City & State City & State City & State 5. Certificate of Status Desired Fee Required Fee Requi	US US								
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Suite, Apt. #, etc. 27	⊸ '	lace of Business	⊢ •					.]	
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28		e	<u> </u>				\$8.75	Additional	
Zip Country Zip Country S.5.00 May Be Added to Fees Part Part of Contribution Address of Currant Registered Agent 10. Name and Address of New Regi		-	<u> </u>			5. Certificate of Status Desired			
9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name NICHOLSON, LYNN 830 KLONDIKE ST. WINTER GARDEN FL 34787 12. Street Address (P.O. Box Number is Not Acceptable) 13. Variety of City 14. City 15. 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 submitted by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was submitted by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was submitted by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was submitted by the corporation's board of directors. I hereby accept the appointment as registered agent, and the registered agent, and the registered agent, and the registered agent, and the registered agent a		Country		Country		6. Election Campaign Financing	\$5.00	May Be	
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reimbating) DATE	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered								
12.	SIGNATURE	. · · · · · · · · · · · · · · · · · · ·				-tend (the preimptation)	DATE		
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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, with all other like empowered.

SIGNATURE:

SISNILLIA SEOLYNDES. NICHOLSON 2/9/99

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KZE03/ (11/98)