

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000084877

1. Entity Name

WORLD POINT VACATION CLUB, INC.



Principal Place of Business

1125 U.S. HIGHWAY 98 SOUTH SUITE 200
LAKELAND, FL 33801 US

Mailing Address

1125 U.S. HIGHWAY 98 SOUTH SUITE 200
LAKELAND, FL 33801 US



03242004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3496279

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ST. JOHN, JOSEPH P
1125 U.S. HIGHWAY 98 SOUTH SUITE 200
LAKELAND, FL 33801

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE PD
NAME ST. JOHN, JOSEPH P
STREET ADDRESS 1125 U.S. HIGHWAY 98 SOUTH SUITE 200
CITY-ST-ZIP LAKELAND, FL 33801

TITLE VD
NAME MAYHUGH, LINDA
STREET ADDRESS 1125 U.S. HIGHWAY 98 SOUTH SUITE 200
CITY-ST-ZIP LAKELAND, FL 33801

TITLE VD
NAME HAASER, HAROLD
STREET ADDRESS 1125 U.S. HIGHWAY 98 SOUTH SUITE 200
CITY-ST-ZIP LAKELAND, FL 33801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000098689
03/29/04-80050-022 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/04

813-681-1400