

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007161

FILED
Feb 05, 2009
Secretary of State

Entity Name: JUDGE JEFFREY A. WINIKOFF MEMORIAL FUND, INC.

Current Principal Place of Business:

11364 CHISOLM WAY
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

11364 CHISOLM WAY
BOCA RATON, FL 33428

New Mailing Address:

FEI Number: 26-3076726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISHINS, LARRY V
4548 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL US

Name and Address of New Registered Agent:

BISHINS, LARRY V
4548 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308 US

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.

SIGNATURE: LARRY V. BISHINS

02/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WINIKOFF, ELLEN V
Address: 11364 CHISOLM WAY
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: SCHATZ, RANDEE S ESQ.
Address: 220 SUNRISE AVENUE, SUITE 209
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: GOODFRIEND, MARK P
Address: 6119 WILBUR WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: GRONEK, SANDY
Address: 11198 THYME DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: BUXTON, SALLY
Address: 5310 WEST MELINDA LANE
City-St-Zip: GLENDALE, AZ 95308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WINIKOFF, ELLEN V
Address: 11364 CHISOLM WAY
City-St-Zip: BOCA RATON, FL 33428

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN WINIKOFF

P

02/05/2009

Electronic Signature of Signing Officer or Director

Date