

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001533

**Entity Name:** WIN OUR NATIONS, INC.

**Current Principal Place of Business:**

1048 AZALEA LANE  
COCOA, FL 32922

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC7527076186**

**Current Mailing Address:**

1048 AZALEA LANE  
COCOA, FL 32922

**FEI Number: 26-4217894**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BLOWES, MALCOLM  
1001 GREENWOOD WAY  
COCOA, FL 32922 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BLOWES, MALCOLM  
Address 1001 GREENWOOD WAY  
City-State-Zip: COCOA FL 32922

Title SD  
Name BLOWES, PHYLLIS  
Address 1001 GREENWOOD WAY  
City-State-Zip: COCOA FL 32922

Title VPD  
Name MOUNTS, NICK  
Address 3569 SWALLOW DRIVE  
City-State-Zip: MELBOURNE FL 32935

Title SECT  
Name JENNINGS, DONALD  
Address 4231 TURTLE MOUND ROAD  
City-State-Zip: MELBOURNE FL 32934

Title D  
Name MOUNTS, DOROTHY L  
Address 3569 SWALLOW DRIVE  
City-State-Zip: MELBOURNE FL 32935

*I hereby 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 all other like empowered.*

**SIGNATURE: MALCOLM CHRISTOPHER BLOWES**

**MR**

**01/09/2014**

Electronic Signature of Signing Officer/Director Detail

Date