

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001533

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

**Current Principal Place of Business:**

1001 GREENWOOD WAY  
COCOA, FL 32922

**Current Mailing Address:**

PO BOX 236411  
COCOA, FL 32923-6411 US

**FEI Number:** 26-4217894

**Certificate of Status Desired:** No

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

BLOWES, MALCOLM C DR.  
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:** MALCOLM BLOWES

01/31/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BLOWES, MALCOLM C DR.  
Address        1001 GREENWOOD WAY  
City-State-Zip: COCOA FL 32922

Title            VP  
Name            BLOWES, PHYLLIS A  
Address        PO BOX 236411  
City-State-Zip: COCOA FL 32923-6411

Title            SECRETARY  
Name            HOFIUS, MARK  
Address        15648 BOLESTA ROAD  
City-State-Zip: CLEARWATER FL 33760

Title            OFFICER  
Name            HOFIUS, MILAGROS  
Address        15648 BOLESTA ROAD  
City-State-Zip: CLEARWATER FL 33760

Title            OFFICER  
Name            PEARAH, MARK  
Address        718 WYETH STREET  
City-State-Zip: PALM BAY FL 32904

Title            OFFICER  
Name            DUNDAS, CHARLES  
Address        104 WEST PASCO LANE  
City-State-Zip: COCOA BEACH FL 32931-3608

Title            TREASURER  
Name            DUNDAS, KELLEY  
Address        104 WEST PASCO LANE  
City-State-Zip: COCOA BEACH FL 32931-3608

Title            OFFICER  
Name            JONES, REGINALD  
Address        445 OXFORD AVENUE  
City-State-Zip: MERRITT ISLAND FL 32953

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*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 C BLOWES

PRESIDENT

01/31/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title OTHER  
Name PERGAMO, DANIEL  
Address 7455 BARTOW AVENUE  
City-State-Zip: COCOA FL 32927

Title OTHER  
Name PERGAMO, SHARON  
Address 7455 BARTOW AVENUE  
City-State-Zip: COCOA FL 32927