Entity Name: WINNER CARE SENIOR CITIZEN FOUNDATION, INC.			CC4687958976	
321 MONTGOM 160424	icipal Place of Business: IERY RD PRINGS, FL 32714		CC4007930970	
Current Mai	ling Address:			
P.O. BOX 16 ALTAMONT	2799 E SPRINGS, FL 32716 US			
FEI Number: 47-5329833			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
SCOTT, RAVEN 3968 LANCASHIRE LN LONGWOOD, FL 32779 US				
The above named	l entity submits this statement for the purpose of changing its	s registered office or regis	tered agent, or both, in the State of Florida.	
SIGNATURE: RAVEN SCOTT				
SIGNATURE	: RAVEN SCOTT		07/02/2018	
SIGNATURE	Electronic Signature of Registered Agent		07/02/2018 Date	
Officer/Dire	Electronic Signature of Registered Agent			
	Electronic Signature of Registered Agent	Title		
Officer/Dire	Electronic Signature of Registered Agent	Title Name	Date	
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : PD		Date	
<b>Officer/Dire</b> Title Name	Electronic Signature of Registered Agent ctor Detail : PD SCOTT, RAVEN P.O. BOX 162799	Name	Date S WOODY, PHALANA P.O BOX 162799	
Officer/Direc Title Name Address	Electronic Signature of Registered Agent ctor Detail : PD SCOTT, RAVEN P.O. BOX 162799	Name Address	Date S WOODY, PHALANA P.O BOX 162799	
Officer/Direc Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : PD SCOTT, RAVEN P.O. BOX 162799 ALTAMONTE SPRINGS FL 32779	Name Address	Date S WOODY, PHALANA P.O BOX 162799	
Officer/Direc Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : PD SCOTT, RAVEN P.O. BOX 162799 ALTAMONTE SPRINGS FL 32779 T	Name Address	Date S WOODY, PHALANA P.O BOX 162799	
Officer/Direc Title Name Address City-State-Zip: Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PD SCOTT, RAVEN P.O. BOX 162799 ALTAMONTE SPRINGS FL 32779 T AMBERT, RICARDO	Name Address	Date S WOODY, PHALANA P.O BOX 162799	
Officer/Direc Title Name Address City-State-Zip: Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PD SCOTT, RAVEN P.O. BOX 162799 ALTAMONTE SPRINGS FL 32779 T AMBERT, RICARDO P.O. BOX 162799	Name Address	Date S WOODY, PHALANA P.O BOX 162799	
Officer/Direc Title Name Address City-State-Zip: Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PD SCOTT, RAVEN P.O. BOX 162799 ALTAMONTE SPRINGS FL 32779 T AMBERT, RICARDO P.O. BOX 162799	Name Address	Date S WOODY, PHALANA P.O BOX 162799	

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: RAVEN SCOTT

Electronic Signature of Signing Officer/Director Detail

DIRECTOR

07/02/2018

Date

## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000010642

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FILED Jul 02, 2018 Secretary of State