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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 748078

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		WYNMOOR, INC.									
Principal Plac		· · · · · · · · · · · · · · · · · · ·	Mailing Address				4 100/05 60001 0/00/	IBKII BDIKI I VIG I I	DIE 61614 DIBII DI II		01914 01811 F 08 1
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2. Principal F	Place of Busin	ess	2a. Mailing Addres	ss			07/16/1979 4. FEI Number		1 03/	22/19	
21			26	~			59-1937741			+	oplied For lot Applicable
Suite, Apt	. #, etc.		Suite, Apt. #, e	etc.			5. Certificate of Status		_ \$		Additional
22			27				5. Certificate of Status	Desired	~		Required
City & Sta	te		City & State				6. Election Campaign				May Be
Zip		Country	28 Zip		Country		Trust Fund Contribu				to Fees
24		25	29	30	Obditing		This corporation ha Florida Statutes	s liability for iru	angible tax un Yes ☐ No	ider s.	199.032,
	9. Name	and Address of Curren			· · · · ·		10. Name and Addres	s of New Re		nt	
					81	Name			· · · · · · · · · · · · · · · · · · ·		
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COCON	iut creęk	FL 33066			83						
	•				84	City			85	5 Zin	Code
44 5			····			-				· ·	
11. Pursuant	to the provisi	ons of Sections 617.0502	and 617.1508, Florida S	Statutes the	above-n	amed corr	poration submits this statemen	t for the purpe	ose of changin	g its re	gistered offic
or registe	reu agent, or	b oth, in the State of Florid	la. Such change was au	thorized by t	he corpo	pration's be	oard of directors. I hereby acc	ept the appoir	itment as reois		
or registe familiar w	ith, and acce	pt the obligations of, seets	JI 617.0303, Florida Sia	atutes. >	he corpo	oration's bo	ooration submits this statemer oard of directors. I hereby acc				agon: ram
Idiffilial W		connect for	aufur f	enutes.							agon: ran
SIGNATURE		or printed name of registered agent a	auf m familiant applicable.	(NOTE: Regis	itered Agent		uired when reinstating)		3/16/ DATE	16	
SIGNATURE		connect for	auf m familiant applicable.	(NOTE: Regis					3//6/ DATE ERS AND DIR	16 LCTOF	S IN 12
SIGNATURE 12.	Storature, typed	or printed name of registered agent a	and title applicable. D DIRECTORS	(NOTE: Regis	itered Agent 13.		uired when reinstating)		3/16/ DATE	16 LCTOF	
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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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ___

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sar S. Roma 4/1/96

21/2