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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748078

1. Corporation Name

THE VOICE OF WYNMOOR, INC.

Principal Place of Business

~~4010 N. STATE RD. 2~~
P O BOX 93/4732
MARGATE FL 33093
US

Mailing Address

P.O. BOX 93/4732
MARGATE FL 33093
US



2. Principal Place of Business

21 2551 N. W. 15th Court

Suite, Apt. #, etc.

22 P.O. Box 93/4732

City & State

23 Margate, Fl. 33093

Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/16/1979

4. FEI Number

59-1937741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

KAUFMAN, SAMUEL
1204 BAHAMA BEND - C-2
COCONUT CREEK FL 33066

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME VD
STREET ADDRESS PATHE, OWEN
CITY-ST-ZIP 1212 BAHAMA BEND F-2
COCONUT CREEK FL 33066

TITLE ☒ DELETE

NAME PD
STREET ADDRESS PEARSON, ESTELLE
CITY-ST-ZIP 2401 ANTIGUA CIRCLE
COCONUT CREEK FL 33066

TITLE ☐ DELETE

NAME PD
STREET ADDRESS KAUFMAN, SAMUEL
CITY-ST-ZIP 1204 BAHAMA BEND, C-2
COCONUT CREEK FL 33066

TITLE ☒ DELETE

NAME VPD
STREET ADDRESS ROVINS, LEON
CITY-ST-ZIP 2903 VICTORIA CIRCLE J-3
COCONUT CREEK FL 33066

TITLE ☒ DELETE

NAME FSD
STREET ADDRESS TREASURER DIRECTOR
CITY-ST-ZIP CLEM, VIRGINIA
4701 MARTINIQUE DR Q-1
COCONUT CREEK FL 33066

TITLE ☒ DELETE

NAME SD
STREET ADDRESS HERRO, LYLA
CITY-ST-ZIP 1103 BAHAMA BEND, B-1
COCONUT CREEK FL 33066

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TREASURER, DIRECTOR ☒ Change ☐ Addition

1.2 NAME VIRGINIA A. CLEM
1.3 STREET ADDRESS 4701 MARTINIQUE DR. C-1
1.4 CITY-ST-ZIP COCONUT CREEK, FL. 33066 ☒ Change ☐ Addition

2.1 TITLE SECRETARY, DIRECTOR ☒ Change ☐ Addition

2.2 NAME ESTELLE PEARSON
2.3 STREET ADDRESS 2401 Antigua Circle C-1
2.4 CITY-ST-ZIP Coconut Creek, FL. 33066 ☒ Change ☐ Addition

3.1 TITLE DIRECTOR ☒ Change ☐ Addition

3.2 NAME Lyla Herro
3.3 STREET ADDRESS 1103 Bahama Bend B-1
3.4 CITY-ST-ZIP Coconut Creek, FL. 33066 ☒ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SAMUEL KAUFMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 23, 1999 (954) 972-2146

Date Daytime Phone #

CR2E037 (11/98)