

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90111 011 ****70.00

DOCUMENT # 748078

1. Entity Name
THE VOICE OF WYNMOOR, INC.



Principal Place of Business
2551 NW 15TH COURT
PO BOX 93/4732
MARGATE, FL 33093 US

Mailing Address
P.O. BOX 93/4732
MARGATE, FL 33093 US

60002866



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-1937741

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Samuel Kaufman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **S** ☒ Delete
NAME **GROSSMAN, SYLVIA**
STREET ADDRESS **2502 ANTIQUA TRERRACE**
CITY-ST-ZIP **COCONUT CREEK, FL 33066**

TITLE **D** ☐ Delete
NAME **BERGEN, MARGARET**
STREET ADDRESS **3401 BIMINI LANE G-3**
CITY-ST-ZIP **COCONUT CREEK, FL 33066**

TITLE **P** ☐ Delete
NAME **KAUFMAN, SAMUEL**
STREET ADDRESS **1204 BAHAMA BEND C-2**
CITY-ST-ZIP **COCONUT CREEK, FL 33066**

TITLE **T** ☐ Delete
NAME **SEAMON, BEDELIA**
STREET ADDRESS **3304 SE 4TH ST #3**
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #