## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 748078**

FILED Feb 13, 2009 Secretary of State

Entity Name: THE VOICE OF WYNMOOR, INC.

Current Principal Place of Business: New Principal Place of Business:

2551 NW 15TH COURT 2551 NW 15TH COURT

PO BOX 93/4732 # 93/4732

MARGATE, FL 33093 US MARGATE, FL 33093 US

Current Mailing Address: New Mailing Address:

P.O. BOX 93/4732 2551 NW 15TH COURT

MARGATE, FL 33093 US # 93/4732

MARGATE, FL 33093 US

FEI Number: 59-1937741 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

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

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Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: SEC (X) Change ( ) Addition

 Name:
 BERGEN, MARGARET
 Name:
 LUBARSKY, NAOMI

 Address:
 3401 BIMINI LANE G-3
 Address:
 3204 PORTOFINO POINT C-3

 City-St-Zip:
 COCONUT CREEK, FL 33066
 City-St-Zip:
 COCONUT CREEK, FL 33066

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 KAUFMAN, SAMUEL
 Name:

 Address:
 1204 BAHAMA BEND C-2
 Address:

 City-St-Zip:
 COCONUT CREEK, FL 33066
 City-St-Zip:

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SEAMON, BEDELIA
 Name:

 Address:
 3304 SE 4TH ST #3
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33062
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SAMUEL KAUFMAN PRES 02/13/2009