


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000003343</b>	
<b>1. Entity Name</b> THE WINNER'S CIRCLE FOR CHILDREN, INC.	

<b>Principal Place of Business</b> 7514 MARIA AVENUE LOUISVILLE, KY 40222	<b>Mailing Address</b> 7514 MARIA AVENUE LOUISVILLE, KY 40222
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04052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 04-3704233	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  WILLIAMS, ROBERT 1500 S. OCEAN BLVD. #602 LAUDERDALE-BY-THE-SEA, FL 33062
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<b>DO NOT WRITE IN THIS SPACE</b>
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**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** \_\_\_\_\_ 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, 2005**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	CP WILLIAMS, SANDY 7514 MARIA AVENUE LOUISVILLE, KY 40222
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D PIEPER, JOHN 702 NORTH SHORE DRIVE, STE. 500 JEFFERSONVILLE, FL 471303104
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D CLOUTIER, TERRI 3901 FRANKFORT AVENUE LOUISVILLE, KY 40207
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	ST WILLIAMS, ROBERT 1500 S. OCEAN BLVD. #602 LAUDERDALE-BY-THE-SEA, FL 33062
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000316872 04/19/05-80094-014 8.75</p> <p>U00000316872 04/19/05-80094-015 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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**12. 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 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:** Robert Wood Williams, ROBERT WOOD WILLIAMS, SECRETARY/TREASURER 4/7/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #