

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

DOCUMENT # F04000003343

1. Entity Name

THE WINNER'S CIRCLE FOR CHILDREN, INC.



02-10-2006 90048 001 ****61.25

02-10-2006 90048 002 *****8.75

Principal Place of Business

7514 MARIA AVENUE
LOUISVILLE KY 40222

Mailing Address

7514 MARIA AVENUE
LOUISVILLE KY 40222

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3704233

Applied For

Not Applicable

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

WILLIAMS, ROBERT
1500 S. OCEAN BLVD. #602
LAUDERDALE-BY-THE-SEA FL 33062

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
WILLIAMS, SANDY
7514 MARIA AVENUE
LOUISVILLE KY 40222 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PIEPER, JOHN
702 NORTH SHORE DRIVE, STE. 500
JEFFERSONVILLE FL 47130-3104 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CLOUTIER, TERRI
3901 FRANKFORT AVENUE
LOUISVILLE KY 40207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
WILLIAMS, ROBERT
1500 S. OCEAN BLVD. #602
LAUDERDALE-BY-THE-SEA FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Robert W. Williams* ROBERT W. WILLIAMS 1-27-06 502-425-1233 954-941-2232