

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001539

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** THE DIANA L. WINOKER FOUNDATION, INC.

**Current Principal Place of Business:**

% WILLIAM KALISH, ESQ  
401 E JACKSON ST - STE 1700  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

% WILLIAM KALISH, ESQ  
401 E JACKSON ST - STE 1700  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** 20-8438033

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: WINOKER, DIANA L  
Address: P O BOX 18106  
City-St-Zip: TAMPA, FL 336798106

Title: D ( ) Delete  
Name: KALISH, WILLIAM ESQ  
Address: 401 E JACKSON ST - STE 1700  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete  
Name: PEREZ, MICHAEL CPA  
Address: 201 E KENNEDY BLVD - STE 1950  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: WILLIAM KALISH, ESQ.

D

04/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date