2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003245

Address:

City-St-Zip:

Entity Name: WIN FOR LIFE FOUNDATION INC.

FILED Sep 01, 2008 Secretary of State

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Current Principal Place of Business:		New Principal Place of Business:	
2813 SOUTH HIAWASEE RD		2813 SOUTH HIAWASEE RD	
ORLANDO	D, FL 32835	304 ORLANDO, FL 32835	
Current M	ailing Address:	New Mailing Address:	
2813 SOUTH HIAWASEE RD		2813 SOUTH HIAWASEE RD	
), FL 32835	304 ORLANDO, FL 32835	
FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable () Certificate of Status Desired	()
	ce with s. 607.193(2)(b), F.S., the corporation did n		()
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:	
	Z, NAOMI TH HIAWASEE RD), FL 32835 US	NAOMI, GONZALEZ 2813 SOUTH HIAWASEE RD 304 ORLANDO, FL 32835 US	
	named entity submits this statement for the e of Florida.	purpose of changing its registered office or registered agent, or	r both,
SIGNATUR	RE: NAOMI GONZALEZ	09/01/2008	
	Electronic Signature of Registered Ag	ent Date	
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRE	ECTORS
Title: Name: Address: City-St-Zip:	P () Delete GONZALEZ, NAOMI 2813 SOUTH HIAWASEE RD ORLANDO, FL 32835	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	() Delete	Title: VP () Change (X) Addition Name: ANTHONY, WILSON Address: 2813 SOUTH HIAWASEE RD City-St-Zip: ORLANDO, FL 32835	
Title: Name: Address: City-St-Zip:	()Delete	Title: D () Change (X) Addition Name: TED, BOGART Address: 2813 SOUTH HIAWASEE RD City-St-Zip: ORLANDO, FL 32835	
Title: Name: Address: City-St-Zip:	() Delete	Title: D () Change (X) Addition Name: WINTON, FORDE Address: 2813 SOUTH HIAWASEE RD City-St-Zip: ORLANDO, FL 32835	
Title: Name:	() Delete	Title: D () Change (X) Addition Name: MITZIE, BALLENTINE	

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.

Address:

City-St-Zip:

SIGNATURE: NAOMI GONZALEZ P 09/01/2008

2813 SOUTH HIAWASEE RD

ORLANDO, FL 32835