

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007006

FILED
Apr 14, 2009
Secretary of State

Entity Name: WINFIELD ACADEMY II, INC.

Current Principal Place of Business:

2474 N STATE ROAD 7
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

2474 N STATE ROAD 7
MARGATE, FL 33063

New Mailing Address:

FEI Number: 26-0550896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANT, FRITZ G
4816 W COMMERCIAL BLVD.
TAMARAC, FL 33319 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: PRES () Delete
Name: MOWATT, FIONA A MRS.
Address: 8719 NW 6 COURT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP () Delete
Name: HALSALL, SHANE A MR
Address: 11113 NW 38 PLACE
City-St-Zip: SUNRISE, FL 33351

Title: TRES () Delete
Name: GOLDSON, VIVIENNE MS
Address: 830 NW 70 AVENUE
City-St-Zip: TAMARAC, FL 33321

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: FIONA MOWATT

MRS.

04/14/2009

Electronic Signature of Signing Officer or Director

Date