

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16136 (6)

1. Corporation Name

THE WJNO CHILDREN'S FUND INC.



Principal Place of Business

PO BOX 189
1500 N.FLAGLER DRIVE
WEST PALM BEACH FL 33401

Mailing Address

PO BOX 189
1500 N.FLAGLER DRIVE
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified
07/30/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PICANO, JOHN JR.
1500 N.FLAGLER DRIVE
WEST PALM BEACH FL 33401

81 Name **Jim Edwards**

82 Street Address (P.O. Box Number is Not Acceptable)
1500 N. Flagler Drive

83

84 City **W. Palm Beach**

FL

85 Zip Code
33401

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Jim Edwards

(NOTE: Registered Agent signature required when reinstating)

4-10-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **MCLEAN, DEBBIE**
STREET ADDRESS **1315 N SWINTON**
CITY-ST-ZIP **DELRAY BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **GREENE, TRACY**
STREET ADDRESS **2892 TENNIS CLUB DR #605**
CITY-ST-ZIP **W PALM BCH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **NICOLS, NANCY**
STREET ADDRESS **3511-103 VILLAGE BLVD**
CITY-ST-ZIP **W PALM BCH FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **ROBERTS, PAM**
STREET ADDRESS **550 PURDY LANE #321**
CITY-ST-ZIP **PALM SPRINGS FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Pam Roberts**
4.3 STREET ADDRESS **4413 A Woodstock Dr**
4.4 CITY-ST-ZIP **W Palm Bch FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Pam Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

Date

(407) 838-4311

Daytime Phone #

CR2E037 (12/95)