

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90175 001 ***317.50

DOCUMENT # N16136

1. Entity Name

THE WJNO CHILDREN'S FUND INC.

Principal Place of Business

Mailing Address

**2406 S CONGRESS AVE
WEST PALM BEACH FL 33406
US**

**2406 S CONGRESS AVE
WEST PALM BEACH FL 33406
US**

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

65-0073283

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

**HILLIARD, JAMES W
2406 S CONGRESS AVE
WEST PALM BEACH FL 33406**

Name

Street Address (P.O. Box Number is Not Acceptable)

**2406 S CONGRESS AVE
WEST PALM BEACH FL 33406**

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **HILLIARD, JAMES W**
STREET ADDRESS **2406 S CONGRESS AVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Change ☐ Addition
NAME **HILLIARD, JAMES W**
STREET ADDRESS **2406 S CONGRESS AVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **D** ☐ Delete
NAME **HAYES, TAMMY**
STREET ADDRESS **2406 S CONGRESS**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Change ☐ Addition
NAME **HAYES, TAMMY**
STREET ADDRESS **2406 S CONGRESS**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **DT** ☐ Delete
NAME **HINDES, RICHARD**
STREET ADDRESS **2406 S CONGRESS AVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Change ☐ Addition
NAME **HINDES, RICHARD**
STREET ADDRESS **2406 S CONGRESS AVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

James W. Hilliard 2/6/02 (561) 868-1100

Date Daytime Phone #

CR2E037 (9/01)