

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-10-2003 90199 028 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16136

1. Entity Name

THE WJNO CHILDREN'S FUND INC.



Principal Place of Business

2406 S CONGRESS AVE
WEST PALM BEACH FL 33408
US

Mailing Address

2406 S CONGRESS AVE
WEST PALM BEACH FL 33408
US

2. Principal Place of Business

6600 N ANDREWS AVE

3. Mailing Address

same as place of bus.

Suite, Apt. #, etc.

STE 160

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

City & State

Zip

33309

Country

US

Zip

Country

4. FEI Number 65-0073283

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HILLIARD, JAMES W

2406 S CONGRESS AVE
WEST PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name

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

6600 N Andrews Ave Ste 160

City

Ft Lauderdale

FL

Zip Code

33309

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James W. Hilliard* James W. Hilliard 1/27/03

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP
NAME HILLIARD, JAMES W
STREET ADDRESS 2406 S CONGRESS AVE
CITY-ST-ZIP WEST PALM BEACH FL 33408 ☐ Delete

TITLE D
NAME HAYES, TAMMY
STREET ADDRESS 2406 S CONGRESS
CITY-ST-ZIP WEST PALM BEACH FL 33408 ☒ Delete

TITLE DT
NAME HINDES, RICHARD
STREET ADDRESS 2406 S CONGRESS AVE
CITY-ST-ZIP WEST PALM BEACH FL 33408 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Change ☐ Addition
NAME
STREET ADDRESS 6600 N Andrews Ave Ste 160
CITY-ST-ZIP Ft Lauderdale FL 33309

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

TITLE DT ☒ Change ☐ Addition
NAME
STREET ADDRESS 6600 N Andrews Avenue Ste 160
CITY-ST-ZIP Ft Lauderdale FL 33309

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Timothy J. Reeve
CITY-ST-ZIP 6600 N Andrews Ave Ste 160
Ft Lauderdale, FL 33309

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

TITLE ☐ 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: *Richard C. Hindes* Richard C. Hindes Tres 1/27/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)