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

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

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

DOCUMENT # N16136

1. Entity Name
THE WJNO CHILDREN'S FUND INC.

Principal Place of Business
~~2406 S CONGRESS AVE~~
~~WEST PALM BEACH FL 33406~~
~~US~~

Mailing Address
~~2406 S CONGRESS AVE~~
~~WEST PALM BEACH FL 33406~~
~~US~~

2. Principal Place of Business
6600 N ANDREWS AVE

Suite, Apt. #, etc.
STE 160

City & State
FT LAUDERDALE FL

Zip
33309

Country
US

3. Mailing Address
same as place of bus.

Suite, Apt. #, etc.

City & State

Zip

Country

☑ CHECK HERE IF MAKING CHANGES

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

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

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 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 ☐ Delete
NAME	HILLIARD, JAMES W
STREET ADDRESS	2406 S CONGRESS AVE
CITY-ST-ZIP	WEST PALM BEACH FL 33406
TITLE	D XX ☒ Delete
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	☐ 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	D ☐ Change ☒ Addition
NAME	Timothy J. Reever
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	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (10/02)

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 Tres 1/27/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #