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Mar 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N28317 (8)

1. Corporation Name

THE MICHAEL D. AND MARILYN T. WINER FOUNDATION,
INC.

Principal Place of Business

Mailing Address

4601 COMMUNITY DRIVE
WEST PALM BEACH FL 33417-9760

4601 COMMUNITY DRIVE
WEST PALM BEACH FL 33417-2716



3. Date Incorporated or Qualified
09/12/1988

3a. Date of Last Report
02/12/1996

4. FEI Number
65-0086173

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILLIPS, EUGENE
JEWISH FEDERATION OF PLAM BEACH COUNTY INC
4601 COMMUNITY DRIVE
WEST PALM BEACH FL 33417

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINER, MICHAEL D.	12 NAME	
STREET ADDRESS	6319 BRANDON STREET	13 STREET ADDRESS	
CITY - ST - ZIP	PALM BCH GARDENS FL	14 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINER, MARILYN T.	22 NAME	
STREET ADDRESS	6319 BRANDON STREET	23 STREET ADDRESS	
CITY - ST - ZIP	PALM BCH GARDENS FL	24 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, JEFFREY L.	32 NAME	
STREET ADDRESS	7905 TENNYSON CT	33 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	34 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLONDER, ERWIN H.	42 NAME	
STREET ADDRESS	241 WEST INDIES DR.	43 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	44 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, BARBARA G.	52 NAME	
STREET ADDRESS	583 NORTH LAKE WAY	53 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	54 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, EUGENE	62 NAME	
STREET ADDRESS	127 ROOTTRAIL--	63 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	64 CITY - ST - ZIP	

14. I do 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 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:

EUGENE PHILLIPS

3/6/97

561-478-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 00000000

CR2E037 (9/96)