2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N28317

1. Entity 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 33417-9760

DO NOT WRITE IN THIS SPACE

04142004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0086173
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~SCHWARTZ,~~ MICHELLE WASCH
JEWISH FEDERATION OF PLAM BEACH COUNTY INC
4601 COMMUNITY DRIVE
WEST PALM BEACH, FL 33417

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000117921
04/19/04-80038-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WINER, MICHAEL D.
STREET ADDRESS	6319 BRANDON STREET
CITY-ST-ZIP	PALM BCH GARDENS, FL
TITLE	VD
NAME	WINER, MARILYN T.
STREET ADDRESS	6319 BRANDON STREET
CITY-ST-ZIP	PALM BCH GARDENS, FL
TITLE	D
NAME	KLEIN, JEFFREY L.
STREET ADDRESS	7905 TENNYSON CT
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	SIMON, ADELE
STREET ADDRESS	1883 INDIAN ROAD
CITY-ST-ZIP	LAKE CLARKE SHORES, FL 33406
TITLE	SD
NAME	GREEN, BARBARA G.
STREET ADDRESS	583 NORTH LAKE WAY
CITY-ST-ZIP	PALM BEACH, FL
TITLE	T
NAME	WASCH, MICHELLE
STREET ADDRESS	4601 COMMUNITY DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33417

DO NOT WRITE IN THIS SPACE

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: Michelle D Wasch 561-478-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #