

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000000520 (5)

1. Corporation Name

WIN FOR THE KIDS, A HELPING HAND TO CHILDREN, IN C.



Principal Place of Business

Mailing Address

1700 PALM BEACH LAKES BLVD.
SUITE 580
WEST PALM BEACH FL 33401

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SUITE 580
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified
02/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **1201 Australian Ave.**
22 City & State **Riviera Beach, FL**
23 Zip **33404** 25 Country

26 Suite, Apt. #, etc. **1201 Australian Ave.**
27 City & State **Riviera Beach, FL**
28 Zip **33404** 30 Country

4. FEI Number

65-0613096

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIRKIN, MARK H ESQ.
1700 PALM BEACH LAKES BLVD.
SUITE 580
WEST PALM BEACH FL 33401

81 Name **Florence Bonsuk**
82 Street Address (P.O. Box Number is Not Acceptable)
214 Worth Avenue
83
84 City **Palm Beach** FL 85 Zip Code **33480**

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

Florence Bonsuk

Florence Bonsuk

3-14-96

Signature typed or printed name of registered agent (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
NAME	BONSUK, FLORENCE	
STREET ADDRESS	214 WORTH AVENUE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	TANCER, SUSAN	
STREET ADDRESS	222 LAKEVIEW AVENUE, #1330	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	VERTON, ANNE	
STREET ADDRESS	303 OCEAN DUNES CIRCLE	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SYKES, DEIRDRE	
STREET ADDRESS	222 LAKEVIEW AVENUE, #1330	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BOWMAN, DARI	
STREET ADDRESS	19198 PINE TREE DRIVE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jan Norrish	
1.3 STREET ADDRESS	1542 Jupiter Cove Drive, #406	
1.4 CITY-ST-ZIP	Jupiter, FL 33469	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D	
5.3 STREET ADDRESS	Bowman, Dari	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D	
6.3 STREET ADDRESS	Ardleigh, Ila Fox	
6.4 CITY-ST-ZIP	7018 Monticello Drive Boca Raton, FL 33483	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Florence Bonsuk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96

Date

Daytime Phone #

CR2E037 (12/95)