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FILED

Jan 31 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 # N95000000520 (5)

1. Corporation Name

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



Principal Place of Business

Mailing Address

1201 AUSTRALIAN AVENUE  
RIVIERA BEACH FL 33404  
US

1201 AUSTRALIAN AVENUE  
RIVIERA BEACH FL 33404-6635  
US

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

3. Date Incorporated or Qualified  
02/02/1995

3a. Date of Last Report  
03/19/1996

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

BONSUK, FLORENCE  
214 WORTH AVENUE  
PALM BEACH FL 33480

81 Name

JAN NORRISH

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

83

1201 Australian Ave.

84 City

Riviera Beach

FL

85 Zip Code

33404

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 ☐ DELETE

NAME BONSUK, FLORENCE  
STREET ADDRESS 214 WORTH AVENUE  
CITY-ST-ZIP PALM BEACH FL 33480

1.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME VPD  
TANCER, SUSAN  
STREET ADDRESS 222 LAKEVIEW AVENUE, #1330  
CITY-ST-ZIP WEST PALM BEACH FL 33401

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME TD  
NORRISH, JAN  
STREET ADDRESS 1542 JUPITER COVE DRIVE #406  
CITY-ST-ZIP JUPITER FL 33469

3.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME SD  
SYKES, DEIRDRE  
STREET ADDRESS 222 LAKEVIEW AVENUE, #1330  
CITY-ST-ZIP WEST PALM BEACH FL 33401

4.1 TITLE ☒ Change ☒ Addition

TITLE ☐ DELETE

NAME D  
BOWMAN, DARI  
STREET ADDRESS 19198 PINE TREE DRIVE  
CITY-ST-ZIP TEQUESTA FL

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME PD  
ARDLEIGH, ILA FOX  
STREET ADDRESS 7018 MONTICO DRIVE  
CITY-ST-ZIP BOCA RATON FL

6.1 TITLE ☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0040099

CR2E037 (9/96)