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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name

N95000000520 (5)

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

	FILED
Jan 31	1997 8:00am
Secre	etary of State



Principal Place of Business Mailing /		Mailing Address	ing Address			(1991) and this falls sold sold sold sold sold sold sold line sold inter-			
1201 AUSTRALI	IAN AVENUE	1201 AUSTRALIAN AVE							
RIVIERA BEACH	1 FL 33404	RIVIERA BEACH FL 334	104-6635		1				
US		US			3. Date Incorpo 02/02/	rated or Qualified 1995	3a. Date of Last f 03/19/19	Report 1 96	
2. Principal Place of Business 2a. Mailing Addres			3		4. FEI Number		A	pplied For	
21		26	26			65-0613096 Not Appli			
Suite, Apt. #, etc.		Suite, Apt, #, etc.	I I			5. Certificate of Status Desired S8.75 Additional			
22		27			o. Certificate of	Status Desired	Fee R	equired	
City & State City & State					6. Election Carr	6. Election Campaign Financing \$5.00 May Be			
23		28	<u> </u>			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Count	try	8. This corpora	tion has liability for it	ntangible tax under	s. 199.032,	
24	25	29	30		Florida Statu		Yes 📉 No		
	9. Name and Address of Cu	rrent Registered Agent			10. Name and A	ddress of New Re	platered Agent	<u></u>	
			6	Name	TAN	NODDIE	341		
BONSU	K, FLORENCE			2 Street Add	ress (P.O. Box Numl	per is Not Acceptab	(A)		
214 WO	RTH AVENUE		[,		,-,		
	EACH FL 33480		Ē	3	1201 1	JUSTRA/	not A	0	
			ـا	VI 035	1201 1	100/129/1		Code	
			l°	4 City	Riviern	Roach	FL 85 79	Code	
11. Pursuant	to the provisions of Sections 617.	.0502 and 617.1508, Florida St	atutes, the abo	ove-named cor	reposition authorite this	statement for the p	repose of changing	its registered	
office or r	registered agent, or both, in the Sam familiar latts, and accept the o	tate of Florida. Such change w	as authorized	by the corpora	ation's board of direc	tors. I hereby accep	t the appointment a	registered	
	and a story	bildardie at, section 017.0003	, Florida Statu	105.	NORRIA	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	1-22:	47	
SIGNATURE .	Signature Typed in printed name of registerer	d agent and title if applicable (NOTE: Registered A	oent signature requ	uired when reinstating)	<u> </u>	DATE		
12.		AND DIRECTORS	13.			HANGES TO OFFIC	ERS AND DIRECTO	RS IN 12	
TITLE	40	DELETE	1.1 TITL	E	D		Change	Addition	
NAME	BONSUK, FLORENCE		1.2 NAN	AE .	•		7		
STREET ADDRESS	214 WORTH AVENUE			EET ADDRESS					
CITY-ST-ZIP	PALM BEACH FL 33480			-ST-ZIP					
TITLE	VPD	DELETE	2.1 TITL				☐ Change	Addition	
NAME	TANCER, SUSAN		2.2 NAM	ì					
	222 LAKEVIEW AVENUE,	#1990							
STREET ADDRESS	WEST PALM BEACH FL 3			EET ADDRESS					
CITY-ST-ZIP		DELETE		Y-ST-ZIP			Change	Addition	
TITLE	TD , NORRIGH, JAN	☐ ottrit	3.1 T(T)	ł			C) Citalige	f"" vaguron	
NAME	NUMBION, JAN	IT #400	3.2 NAN						
STREET ADDRESS	1542 JUPITER COVE DRIV	(C #400		EET ADORESS					
CITY-ST-ZIP	JUPITER FL 3346	DELETE		Y-ST-ZIP	A A	·	Mohana	Addition	
TITLE	SD SUITE PERSON	DELETE	4.1 TITL	1	SP KAREN L	ACO	≥ Change	(C) AUGINON	
NAME	SYKES, DEIRDRE	7' 1	4. 2 NAJ		CODO 14	nnence Rd	. to Cont		
STREET ADDRESS	222 LAKEVIEW AVENUE,		4.3 STR	EET ADDRESS	4813 00	with the Koc	الالاموات الم	21	
CITY-ST-ZIP	WEST PALM BEACH FL 3			-ST-ZIP	1307NHO	v Beach,	<u> </u>		
TITLE	D	☐ DELETE	5.1 TITL	£ [r	,	L. Change	Addition	
NAME	BOWMAN, DARI		5.2 NAA	AE					
STREET ADDRESS	19198 PINE TREE DRIVE		5.3 STR	EET ADDRESS					
City-St-ZiP	TEQUESTA FL			Y-ST-ZIP					
TITLE	₽ 4D	☐ DELETE	6.1 TiTL	.E	PO		Change	Addition	
NAME	ARDLEIGH, ILA FOX		6.2 NAN	AE [** *		
STREET ADDRESS	7018 MONTEICO DRIVE		6.3 STR	EET ADORESS					
CITY-ST-ZIP	BOCA RATON FL			Y-ST-ZIP	•		•		
	by certify that the information sup	notied with this fiting does not a			ed in Section 119.076	3)(i). Florida Statute	s. I further certify tha	t the	

4. I do hereby certify that the information supplied with this fiting 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 atachment with an address.

SIGNATURE:

ONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 004009