

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90008 030 ****61.25

DOCUMENT # N95000000520

1. Corporation Name

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

Principal Place of Business
1201 AUSTRALIAN AVENUE
RIVIERA BEACH FL 33404
US

Mailing Address
1201 AUSTRALIAN AVENUE
RIVIERA BEACH FL 33404
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 P.O. Box 1394	02/02/1995
22 City & State	27 Suite, Apt. #, etc.	4. FEI Number
23 Zip	28 West Palm Beach, FL	65-0613096
24 Country	29 33402	Applied For
25	30 U.S.A.	Not Applicable

9. Name and Address of Current Registered Agent

NORRISH, JAN
1201 AUSTRALIAN AVE
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

81 Name KAREN K. LAGO
82 Street Address (P.O. Box Number is Not Acceptable)
9823 LAWRENCE RD, C206
83
84 City Boynton Beach FL 85 Zip Code 33436

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 Karen LAGO KAREN LAGO 7/28/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	KIMBERLY MCCARTEN
NAME	BONSUK, FLORENCE	1.2 NAME	11853 BIRCH STREET
STREET ADDRESS	214 WORTH AVENUE	1.3 STREET ADDRESS	PALM BEACH GARDENS, FL 33410
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	TANCER, SUSAN	2.2 NAME	
STREET ADDRESS	222 LAKEVIEW AVENUE, #1330	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	NORRISH, JAN	3.2 NAME	
STREET ADDRESS	1542 JUPITER COVE DRIVE #406	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	LAGO, KAREN	4.2 NAME	
STREET ADDRESS	9873 LAWRENCE RD #C206	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BOWMAN, DARI	5.2 NAME	
STREET ADDRESS	19198 PINE TREE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	5.4 CITY-ST-ZIP	
TITLE	PD-DIRECTOR	6.1 TITLE	
NAME	ARDLEIGH, ILA FOX	6.2 NAME	
STREET ADDRESS	7018 MONTOICO DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Kimberly McCarten SIGNED Kimberly McCarten July 28, 99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #