

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90312 027 ****61.25

DOCUMENT # N97000001099

1. Entity Name
WINNERS FEDERATION, INC.



Principal Place of Business
3773 SW 41ST STREET
HOLLYWOOD, FL 33023

Mailing Address
1930 TYLER STREET
HOLLYWOOD, FL 33020



01252006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0732074

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

HUNTER, DICK E.T.
1930 TYLER STREET
HOLLYWOOD, FL 33020

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP PD
NAME	GOETSCH, PEGGY J
STREET ADDRESS	8600 W. NORTH AVE.
CITY-ST-ZIP	MAYWOOD, IL 60153
TITLE	SD
NAME	METZ, ROBIN <i>Wesley Jones II, Wesley</i>
STREET ADDRESS	777 DELAWARE PARK BLVD.
CITY-ST-ZIP	WILMINGTON, DE 19804
TITLE	PD TD
NAME	JACKSON, WILLIAM <i>Opacich, Dr. Karin</i>
STREET ADDRESS	1747 WEST 65TH STREET <i>Dr. Karin Opacich</i>
CITY-ST-ZIP	CHICAGO, IL 60620 <i>Chicago, IL 60641</i>
TITLE	TD VD
NAME	WILMES, BARBARA
STREET ADDRESS	2 BIARRITZ ST.
CITY-ST-ZIP	LONG BEACH, NY 11561
TITLE	D
NAME	FICK, DAN <i>Biuganan, Rev. Michael</i>
STREET ADDRESS	821 CORPORATE DRIVE 1558 <i>Beaver Tree</i>
CITY-ST-ZIP	LEXINGTON, KY 40503 <i>San Antonio, TX 78249</i>
TITLE	D
NAME	GREENE, JIM
STREET ADDRESS	158 NORTH AVE.
CITY-ST-ZIP	METHUEN, MA 01844

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #