2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001099

Entity Name: WINNERS FEDERATION, INC.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	11ST STREET OOD, FL 33023	3					
Current Mailing Address:				New Mailing Address:			
	ER STREET DOD, FL 33020)					
FEI Number:	65-0732074	FEI Number Applied For ()	FEI Numb	ber Not Appli	cable ()	Certificate of S	Status Desired ()
Name and	Address of C	urrent Registered Agent:	ı	Name and	Address of N	ew Register	ed Agent:
	DICK E.T. ER STREET DOD, FL 33020) US					
	named entity s e of Florida.	submits this statement for the p	urpose of	changing its	s registered of	ffice or registe	ered agent, or both,
SIGNATURE:							
	Electron	ic Signature of Registered Age	∍nt			Date	
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OFFICER	RS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () GOETSCH, PEC 8600 W. NORTH MAYWOOD, IL	HAVE.	N A	Title: Name: Address: City-St-Zip:	D (X) GOETSCH, PEG 8600 W. NORTH MAYWOOD, IL	HAVE.	dition
Title: Name: Address: City-St-Zip:	SD () JONES, II, WES 777 DELAWARI WILMINGTON, I	E PARK BLVD.	N A	Title: Name: Address: City-St-Zip:	PD (X) JONES, II, WES 777 DELAWARI WILMINGTON, I	E PARK BLVD.	dition
Title: Name: Address: City-St-Zip:	TD () OPACICH, DR. 4127 N. DICKIN CHICAGO, IL 6	SON AVE	N #	Title: Name: Address: City-St-Zip:	VD (X) COSSON, B.J. 19545 NW VON BEAVERTON, C		
Title: Name: Address: City-St-Zip:	VD () WILMES, BARE 2 BIARRITZ ST. LONG BEACH, I		N A	Title: Name: Address: City-St-Zip:	D (X) WILMES, BARB 2 BIARRITZ ST. LONG BEACH, I		dition
Title: Name: Address: City-St-Zip:	D () BIUGAMAN, RE 7558 BEAVER T SAN ANTONIO,	ree	N A	Title: Name: Address: City-St-Zip:	SD (X) BIGAMAN, REV 7558 BEAVER T SAN ANTONIO,	ree	dition
Title: Name: Address:	D () GREENE, JIM 158 NORTH AVI	Delete	١	Title: Name: Address:	()	Change () Add	dition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: WESLEY JONES II PD 03/24/2009

METHUEN, MA 01844

City-St-Zip: