NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State: DIVISION OF CORPORATIONS

1999 DOCUMENT # N9700006538

TRADEWINDS FOUNDATION, INC.

Principal Place of Business 8365 SENECA TURNPIKE **NEW HARTFORD NY 13413**

Mailing Address

8365 SENECA TURNPIKE **NEW HARTFORD NY 13413**

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90038 036 ****70.00

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2. Principal Pla	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 11/17/1997		
21		26				100	lied For
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			4. FEI Number 65-0797138	 	lied For
22		27			00-0797 130		Applicable
City & State	e	City & State			5. Certificate of Status Desired	\$8.75 A	
23		28				Fee Rec	quirea
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	•
24	25	29	30		Trust Fund Contribution	Added to	Fees
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name	·	•	
HOMATO	DANE T		82	Ctroot Add	ress (P.O. Box Number is Not Acceptable)		·
STANISH, DANE T 537 NORTH RAINBOW DRIVE				Street Add	ress (P.O. Box Number is Not Acceptable)		
			83				
HOLLYWO	OOD FL 33021						
			84	City	FI	85 Zip C	ode
44 0	4- N	and 617 1509 Florida Statuta	e the above	-named oom	poration submits this statement for the purpose of	f changing its	registered
office or re	egistered agent, or both, in the State of	Florida. Such change was au	thonzed by	tne corporati	on's board of directors. I hereby accept the appo	intment as reg	istered
agent. I ar	m familiar with, and accept the obligation	ns of, Section 617.0503, Flori	da Statutes.				
SIGNATURE							
	Signature, typed or printed name of registered agent a			t signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTO	RS IN 12
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Citaliye	☐ Modicon
NAME !	ABELOVE, DAVID		1.2 NAME				
STREET ADDRESS	8365 SENECA TURNPIKE		1.3 STREET	ADDRESS			
OUTV OT ZID	NEW LIADECORD NO. 40440			- 1			
LUY-SI-ZIP	NEW MARIFURD NT 13413		1,4 CITY-ST	T-ZIP			
CITY-ST-ZIP	NEW HARTFORD NY 13413	DELETE	1.4 CITY- \$1 2.1 TITLE	T-ZIP		☐ Change	Addition
TITLE	VD	DELETE	2.1 TITLE	T-ZIP		☐ Change	Addition
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indicated on this annual report of supplemental annual report is due and accurate and that my signature shall have the same repair like that an addition of the corporation or the receiver of 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: