

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000000998

**Entity Name:** CHILDREN OF WOUNDED WARRIORS INC.

**Current Principal Place of Business:**

3362 TURTLE COVE  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

3362 TURTLE COVE  
WEST PALM BEACH, FL 33411 US

**FEI Number: 80-0680242**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SIMEONE, BOBBY  
3362 TURTLE COVE  
WEST PALM BEACH, FL 33411 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SIMEONE, BOBBY  
Address        3362 TURTLE COVE  
City-State-Zip: WEST PALM BEACH FL 33411

Title            VP  
Name            SIMEONE, VIVIAN  
Address        3362 TURTLE COVE  
City-State-Zip: WEST PALM BEACH FL 33411

Title            TREASURER  
Name            SUAREZ, JAMES  
Address        3362 TURTLE COVE  
City-State-Zip: WEST PALM BEACH FL 33411

I hereby 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 all other like empowered.

**SIGNATURE: BOBBY SIMEONE**

**PRESIDENT**

**07/01/2018**

Electronic Signature of Signing Officer/Director Detail

Date