Organization ID # 0242025 State of origin Filing fee \$15.00

## Commonwealth of Kentucky Michael G. Adams, Secretary of State 0242025.09

ARA

Michael G. Adams **Kentucky Secretary of State** Received and Filed:

Michael G. Adams Secretary of State P. O. Box 1150 Frankfort, KY 40602-1150 (502) 564-3490 http://www.sos.ky.gov

## **Amended 2024 Annual Report**

5/14/2024 1:42 PM Fee Receipt: \$15.00

Exact organization name and principal office address

WINBURN NEIGHBORHOOD ASSOCIATION, INC. 1625 MCCULLOUGH DE PO BOX 11275 **LEXINGTON KY 40511** 

The principal office address and registered agent name/office address cannot be changed on this form. You can file online at https://web.sos.ky.goy/ bussearchaprofile/search.aspx or forms can be downloaded from our website.

Registered Agent and Registered Office Address

vanessa Ann sanford 1625 McCullough Dr LEXINGTON, KY 40511

| Princi | pal Officers | 3 - List the name, | address and title of  | all current officers. | All organizations | must list at least or | ne (1) officer, | even in the case o | f a sole officer. If not |
|--------|--------------|--------------------|-----------------------|-----------------------|-------------------|-----------------------|-----------------|--------------------|--------------------------|
|        |              |                    | cloal office address. |                       |                   |                       |                 |                    |                          |

| specified, officer addresses default           | to the principal office address. | Corporations are requi       | red to list a Secretary or other  | officer serving as record  | s custodian                             |
|--|----------------------------------|------------------------------|-----------------------------------|----------------------------|---|
| Treasurer                                      | LOIS BYRD-                       | ,                            | VANESSA                           | SANF                       | ORD                                     |
| Secretary                                      | VANESSA SANFOI                   | ₹₽                           | KIMBER                            | VY CA                      | CLURESS                                 |
| Vice President                                 | SHIRLEY GREEN                    |                              | DOLMY.                            | SOM                        | 3N                                      |
| President '                                    | BARBARA TODD                     |                              | SHIRLEY                           | GREAN                      |   |
| Directors - Non-profit corpore office address. | ations must have at least three  | (3) directors. All directors | rs of the non-profit must be list | ed. If Not specified, dire | ctor addresses default to the principal |
| VANESSA SANFORD                                | · ·                              | VANUES                       | SA SANF                           |                            | * .                                     |
| SHIRLEY GREENE                                 |                                  | VEIN                         | A JOHNSE                          | N                          |   |
| VANESSA ANN SANFO                              | )RD                              | KIME                         | SERLY CH                          | ナレンストン                     | S                                       |
| SHIRLEY GREEN                                  |                                  |                              |                                   | 4 • 4                      |   |
| X Various Signature of officer Or chale        | rman of the board (Required)     | Tire                         | OSUVEY Title (Required)           | ×                          | 5-14-2024<br>Date (Required)            |