

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Mar 01, 2012  
Secretary of State**

DOCUMENT# N01000008700

Entity Name: WINGS OVER MIAMI MUSEUM, INC.

**Current Principal Place of Business:**14710 SW 128TH ST  
MIAMI, FL 33196**New Principal Place of Business:****Current Mailing Address:**14710 SW 128TH STREET  
MIAMI, FL 33196**New Mailing Address:**

FEI Number: 01-0624232

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**PLOUCHA, L.M.  
100 S.E. THIRD AVENUE SUITE 1400  
FORT LAUDERDALE, FL 33394 US**Name and Address of New Registered Agent:**

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**OFFICERS AND DIRECTORS:**Title: DT  
Name: WALKER, WILLIAM H  
Address: 14250 W. 105 TERRACE  
City-St-Zip: MIAMI, FL 33186Title: DVP  
Name: SCHLAFLY, FRED E  
Address: 13250 SW 97TH AVENUE  
City-St-Zip: MIAMI, FL 33186Title: D  
Name: RIVENBARK, WILLIAM G  
Address: 3616 HARLANO STREET  
City-St-Zip: CORAL GABLES, FL 33314Title: DS  
Name: PLOUCHA, L.M.  
Address: 1151 N FT LAUDERDALE BEACH BLVD 5B  
City-St-Zip: FORT LAUDERDALE, FL 33304Title: D  
Name: BATTLE, TIMOTHY  
Address: 10061 SW 57 COURT  
City-St-Zip: PINECREST, FL 33156Title: DP  
Name: RICE, SUZETTE  
Address: 7860 SW 181 TERRACE  
City-St-Zip: MIAMI, FL 33157

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: L.M. PLOUCHA

SEC

03/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date