


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90007 010 ****70.00

DOCUMENT # N04000010556

1. Entity Name
WINGS OF LOVE WORSHIP CENTER AND OUTREACH MINISTRIES, INC.



Principal Place of Business
**3092 HAVENDALE BLVD
 WINTER HAVEN, FL 33881**

Mailing Address
**PO BOX 7571
 WINTER HAVEN, FL 33883-7571**

40094391



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc. **N/A**

3. Mailing Address
 Suite, Apt. #, etc. **N/A**

City & State **N/A**

City & State **N/A**

Zip Country

Zip Country

04302007 Chg-NP CR2E037 (12/06)

4. FEI Number
APPLIED FOR 20-1864409 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
N/A

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **N/A** (NOTE: Registered Agent signature required when reinstating) DATE **N/A**

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> Delete
NAME	ALLEN, SANDRA	
STREET ADDRESS	3092 HAVENDALE BLVD	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, CALVIN E	
STREET ADDRESS	3092 HAVENDALE BLVD	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, CALVIN T	
STREET ADDRESS	3092 HAVENDALE BLVD	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra Allen Sandra Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/29/07 Daytime Phone #