

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:48**

DOCUMENT # N51413 (5)

1. Corporation Name
WINGS: WOMEN IN NEED OF GROWTH SERVICES, INC.

Principal Place of Business Mailing Address
595 95TH AVENUE NORTH NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/22/1992** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0375754** Applied For **NOT APPLICABLE** Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent
**COOLEY, BARBARA
595 95TH AVENUE NORTH
NAPLES FL 33963**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOLEY, BARBARA A.	1.2 NAME	Patricia L. Anderson
STREET ADDRESS	595 95TH AVENUE NORTH	1.3 STREET ADDRESS	2645 Tarpon Road
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL 33940
TITLE	DT	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONG, REGINA	2.2 NAME	Saba, Mary Ellen
STREET ADDRESS	1541 MANDARIN ROAD	2.3 STREET ADDRESS	5731-5 Foxlake Drive
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	N Ft. Myers, FL 33917
TITLE	D	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, PATRICIA L.	3.2 NAME	Sulecki, Alexandra
STREET ADDRESS	2745 TARPON ROAD	3.3 STREET ADDRESS	861 13th Street N
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, FL 33940
TITLE	D	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCORD, MARILYN	4.2 NAME	Phillips, Anne
STREET ADDRESS	5095 A CORONADO PARKWAY	4.3 STREET ADDRESS	11422 Phoenix Way
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	Naples, FL 33999
TITLE	S	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAN PALEN, PATRICIA	5.2 NAME	Dion, Nanette
STREET ADDRESS	532 BROAD AVENUE SOUTH	5.3 STREET ADDRESS	1633 Mandarin Road
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	Naples, FL 33940
TITLE	D	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUTTON, CHARLENE	6.2 NAME	VerSluis, Louanne
STREET ADDRESS	825 KINGS WAY	6.3 STREET ADDRESS	3100 Gulf Shore Blvd. N
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	Naples, FL 33940

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara A. Cooley March 28, 1995 (813) 566-8957
SIGNATURE AND TYPED OR PRINTED NAME OF BANKING OFFICER OR DIRECTOR Date Daytime Phone #
Barbara A. Cooley