FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

N51413

(5)

WINGS: WOMEN IN NEED OF GROWTH SERVICES, INC.

Willias	. WOWLER IN RELED OF GIVE	JWIII SERVICES, INC) .		
Principal Place	of Business	Mailing Address			HILL BIRKI BIRIK BIRKI BIRKI BIRDI BIRKI BERK
595 95TH AVENUE NORTH NAPLES FL 33963		595 95TH AVENUE NORTH NAPLES FL 33963			
				3. Date Incorporated or Qualified 10/22/1992	3a. Date of Last Report 04/05/1995
2. Principal Pla 21	ace of Business	2a. Mailing Address		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite, Apt. :	**************************************	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24]	Country 25	Zip 29	Country 30		Yes 🔀 No
	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
000151	/ DADDADA		oi Name		
COOLEY, BARBARA			82 Street Add	ess (P.O. Box Number is Not Acceptable)
595 95TH AVENUE NORTH NAPLES FL 33963			83		
			84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE BARBARA A. COULY Signature, typed or printed name of registered agent and tice I applicable. [NOTE: Registered Agent signature recitived when renstating] [NOTE: Registered Agent signature recitived when renstating]					
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/ HANGES TO OFFIC	DERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	COOLEY, BARBARA A.		1.2 NAME		
STREET ADDRESS	595 95TH AVENUE NORTH		1.3 STREET ADDRESS		
CiTY-ST-ZIP	NAPLES FL		1.4 CITY - ST - ZIP		
TITLE	DT	□DELETE	2.1 TITLE		Change Addition
NAME	LONG, REGINA		2.2 NAME		
STREET ADDRESS	1541 MANDARIN ROAD NAPLES FL		2.3 STREET ADDRESS		
CITY-ST-ZIP	D D		2. 4 CITY-ST-ZIP		
TITLE	ANDERSON, PATRICIA L.	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	2745 TARPON ROAD		3.2 NAME		
CITY-ST-ZIP	NAPLES FL		3.3 STREET ADDRESS		
TITLE	D	DELETE	3.4. C(TY - ST - ZIP 4.1 TITLE		Change Addition
NAME	MCCORD, MARILYN		4. 2 NAME		
STREET ADDRESS	5095 A CORONADO PARKWA	Υ	4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	•	4.4 CITY - ST - ZIP		
TITLE	\$	DELETE	5.1 TITLE		Change Addition
NAME	JAN PALEN, PATRICIA		5.2 NAME		
STREET ADDRESS	532 BROAD AVENUE SOUTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		Change Addition
NAME	SUTTON, CHARLENE		6.2 NAME		
STREET ADDRESS	825 KINGS WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		6.4 City-St-ZiP		
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Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 leceive 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-en attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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