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**Mar 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N51413 (5)
1. Corporation Name
WINGS: WOMEN IN NEED OF GROWTH SERVICES, INC.



Principal Place of Business 595 95TH AVENUE NORTH NAPLES FL 33963	Mailing Address 595 95TH AVENUE NORTH NAPLES FL 33963
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3. Date Incorporated or Qualified 10/22/1992	
4. FEI Number 65-0375754 NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1037 Guava Drive Suite, Apt. #, etc. 22 Naples, FL 34112 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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9. Name and Address of Current Registered Agent
**COOLEY, BARBARA
595 95TH AVENUE NORTH
NAPLES FL 34108**

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 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. Cooley* **Barbara A. Cooley, Exec. Director; March 5, 1998**
Signature, typed or printed name of registered agent and date (Typed name of registered agent and date of signature when retreating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POSTILL, ROBIN YOUNG	1.2 NAME	Director Cathy Centafanti
STREET ADDRESS	666 THIRD ST S., #105	1.3 STREET ADDRESS	471 Soll Street
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL 34109
TITLE	DT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director/ President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONG, REGINA	2.2 NAME	Barbara Desanzo
STREET ADDRESS	1541 MANDARIN ROAD	2.3 STREET ADDRESS	555 Bowline Drive
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples, FL 34103
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, PATRICIA L.	3.2 NAME	Jean Gasvoda
STREET ADDRESS	2745 TARPON ROAD	3.3 STREET ADDRESS	1919 E. Crown Pointe Drive
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, FL 34112
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCORD, MARILYN	4.2 NAME	Jill Horton
STREET ADDRESS	5095 A CORONADO PARKWAY	4.3 STREET ADDRESS	262 8th Avenue S
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	Naples, FL 34102
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAN PALEN, PATRICIA	5.2 NAME	Sarah Knott
STREET ADDRESS	532 BROAD AVENUE SOUTH	5.3 STREET ADDRESS	3890 White Blvd.
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	Naples, FL 34117
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Gail Wynns <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUTTON, CHARLENE	6.2 NAME	1153 10th Avenue N
STREET ADDRESS	825 KINGS WAY	6.3 STREET ADDRESS	Naples, FL 34102
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Charlene Sutton* **Charlene Sutton, Treasurer** **March 5, 1998**

CR2E037 (10/97)