

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51413

1. Entity Name

WINGS: WOMEN IN NEED OF GROWTH SERVICES, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90077 021 ****61.25

Principal Place of Business 1037 GUAVA DR NAPLES FL 34112 US	Mailing Address 595 95TH AVENUE NORTH NAPLES FL 34108-2452
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0375754	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COOLEY, BARBARA 595 95TH AVENUE NORTH NAPLES FL 34108	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE: [Signature] DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POSTILL, ROBIN YOUNG 668 THIRD ST S., #105 NAPLES FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Barbara A. Cooley 595 95th Avenue N Naples, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CENTAFANTI, CATHY 471 SOLL ST NAPLES FL 34109 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Pamela Russell 1906 Manchester Circle, Naples, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DESANZO, BARBARA 555 BOWLINE DR NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dale Painter 2654 Kings Lake Blvd. Naples, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASVODA, JEAN 1919 E CROWN POINTE DR NAPLES FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gail Wynns 1153 10th Avenue N Naples, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORTON, JILL 262 8TH AVE S NAPLES FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Patricia J. Palen 1376 Rordan Street Naples, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTON, CHARLENE 825 KINGS WAY NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: [Signature] **April 16, 2000** (941) 434-6111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)