

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90116 008 \*\*\*\*61.25

**DOCUMENT # N51413**

1. Entity Name

**WINGS: WOMEN IN NEED OF GROWTH SERVICES, INC.**

Principal Place of Business

1037 GUAYA DR  
 NAPLES FL 34112  
 US

Mailing Address

595 95TH AVENUE NORTH  
 NAPLES FL 33963

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0375754**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COOLEY, BARBARA**  
**595 95TH AVENUE NORTH**  
**NAPLES FL 34108**

Name

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

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **S**  Delete  
 NAME: **POSTILL, ROBIN YOUNG**  
 STREET ADDRESS: **666 THIRD ST S., #105**  
 CITY-ST-ZIP: **NAPLES FL**

TITLE: **Secretary**  Change  Addition  
 NAME: **PAINTER, DALE**  
 STREET ADDRESS: **2654 Kings Lake Blvd.**  
 CITY-ST-ZIP: **Naples, FL 34112**

TITLE: **D**  Delete  
 NAME: **CENTAFANTI, CATHY**  
 STREET ADDRESS: **471 SOLL ST**  
 CITY-ST-ZIP: **NAPLES FL 34109**

TITLE: **Director**  Change  Addition  
 NAME: **GAIL WYNNS**  
 STREET ADDRESS: **1153 10TH AVENUE N**  
 CITY-ST-ZIP: **NAPLES, FL 34102**

TITLE: **DP**  Delete  
 NAME: **DESANZO, BARBARA**  
 STREET ADDRESS: **555 BOWLINE DR**  
 CITY-ST-ZIP: **NAPLES FL 34103**

TITLE: **DIRECTOR**  Change  Addition  
 NAME: **GERALDINE HOPE**  
 STREET ADDRESS: **705 Starboard Drive**  
 CITY-ST-ZIP: **NAPLES, FL 34103**

TITLE: **D**  Delete  
 NAME: **GASVODA, JEAN**  
 STREET ADDRESS: **1919 E CROWN POINTE DR**  
 CITY-ST-ZIP: **NAPLES FL 34112**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **D**  Delete  
 NAME: **HORTON, JILL**  
 STREET ADDRESS: **262 8TH AVE S**  
 CITY-ST-ZIP: **NAPLES FL 34102**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **D**  Delete  
 NAME: **SUTTON, CHARLENE**  
 STREET ADDRESS: **825 KINGS WAY**  
 CITY-ST-ZIP: **NAPLES FL**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Barbara A. Cooley*

2/2/01

(941) 434-6111

CR2E037 (10/00)