

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51413

1. Entity Name

WINGS: WOMEN IN NEED OF GROWTH SERVICES, INC.

Principal Place of Business

Mailing Address

1037 GUAVA DR  
NAPLES FL 34112  
US

695 95TH AVENUE NORTH  
NAPLES FL 33963

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Naples Florida

4. FEI Number

65-0375754

Applied For

Not Applicable

Zip

Country

Zip

Country

34112

Collier

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

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: Jean Gasvoda

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

1919 E Crown Pointe Dr

City: Naples

FL

Zip Code: 34112

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jean Gasvoda

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
min. will be \$236.25.

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 NAME	S PAINTER, DALE	<input type="checkbox"/> Delete
STREET ADDRESS	2654 KINGS LAKE BLVD	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE NAME	D WYNNS, GAIL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1153 10TH AVE N	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE NAME	DP DESANZO, BARBARA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	555 BOWLINE DR	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE NAME	D GASVODA, JEAN	<input type="checkbox"/> Delete
STREET ADDRESS	1919 E CROWN POINTE DR	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE NAME	D HOPE, GERALDINE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	705 STARBOARD DR	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE NAME	D SUTTON, CHARLENE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	825 KINGS WAY	
CITY-ST-ZIP	NAPLES FL	

TITLE NAME	DP Penny Packard	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	574 108th Ave N	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE NAME	D Dale Painter	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2654 Kings Lake Blvd	
CITY-ST-ZIP	Naples, FL 34112	
TITLE NAME	S Margaret Osborne	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	11770 N. Light House Dr.	
CITY-ST-ZIP	Naples, FL 34119	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Jean Gasvoda*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (4/02)