

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90007 022 ****61.25

DOCUMENT # N51413
 1. Entity Name
WINGS: WOMEN IN NEED OF GROWTH SERVICES, INC.



Principal Place of Business: **1303 DILMAR LN. NAPLES FL 34104 US**
 Mailing Address: **1919 E CROWN POINTE DR NAPLES FL 34112**



MOORE CR2E037 (11/03)

2. Principal Place of Business: **1303 Delmar Lane**
 Suite, Apt. #, etc.

3. Mailing Address: **1919 E Crown Pointe Blvd**
 Suite, Apt. #, etc.

City & State: **Naples**

City & State: **Naples**

City & State: **Naples**

Zip: **34106** Country: **Collier**

Zip: **34112** Country: **Collier**

6. Name and Address of Current Registered Agent: **GASVODA, JEAN 1919 E CROWN POINTE DR NAPLES FL 34112**

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** Zip Code: _____

4. FEI Number: **65-0375754**
 Applied For:
 Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

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: _____

FILE NOW - FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | GASUADA, GLEAN | |
| STREET ADDRESS | 1919 E. CROWN POINTE BLVD. | |
| CITY-ST-ZIP | NAPLES FL 34112 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GASVODA, JEAN | |
| STREET ADDRESS | 1919 E CROWN POINTE DR | |
| CITY-ST-ZIP | NAPLES FL 34112 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DUVAL, MAYERN | |
| STREET ADDRESS | 1101 EGRETS WALK CIR., #102 | |
| CITY-ST-ZIP | NAPLES FL 34108 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | OSBORNE, MARGOT | |
| STREET ADDRESS | 11770 NIGHT HEREN DR | |
| CITY-ST-ZIP | NAPLES FL 34119 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | SMITH, JOAN | |
| STREET ADDRESS | 472 WOODSHORE LN., D-10 | |
| CITY-ST-ZIP | NAPLES FL 34105 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GLYDMAN, ANN | |
| STREET ADDRESS | 15660 VILLORISE WAY | |
| CITY-ST-ZIP | NAPLES FL 34110 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------------|---|
| TITLE | PO | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>Gasvoda Jean</i> | |
| STREET ADDRESS | <i>1919 E Crown Pointe Blvd</i> | |
| CITY-ST-ZIP | <i>Naples, FL 34112</i> | |
| TITLE | VPO | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>Dyvall Maryann</i> | |
| STREET ADDRESS | <i>1101 Egrets Walk Cir #102</i> | |
| CITY-ST-ZIP | <i>Naples, FL 34108</i> | |
| TITLE | SD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>Margot Osborne</i> | |
| STREET ADDRESS | <i>11770 Night Heron Dr</i> | |
| CITY-ST-ZIP | <i>Naples, Florida 34119</i> | |
| TITLE | TD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>Smith Joan</i> | |
| STREET ADDRESS | <i>472 Woodshire Lane D-10</i> | |
| CITY-ST-ZIP | <i>Naples, Florida 34105</i> | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Jean Gasvoda* **2-23-04 239-7749426**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #