
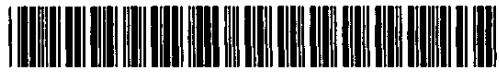


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 17, 2005 8:00 am**  
**Secretary of State**

06-17-2005 90002 036 \*\*\*\*70.00

<b>DOCUMENT # N51413</b>			
1. Entity Name WINGS: WOMEN IN NEED OF GROWTH SERVICES, INC.			
Principal Place of Business 1303 DELMAR LANE NAPLES, FL 34106 US		Mailing Address 1919 E CROWN POINTE DR NAPLES, FL 34112	
2. Principal Place of Business		3. Mailing Address 8805 Tamiami Trl N	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 305	
City & State		City & State Naples, FL	
Zip	Country	Zip	Country
34108	USA	34108	USA



05172005 Chg-NP CR2E037 (10/03)

4. FEI Number  
65-0375754

Applied For  
Not Applicable

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

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: Maryann Duval Street Address (P.O. Box Number is Not Acceptable): 8805 Tamiami Trl N # 305 City: Naples FL Zip Code: 34108	
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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. I am familiar with, and accept the obligations of registered agent.

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

<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GASVODA, JEAN 1919 E CROWN POINTE BLVD. NAPLES, FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kjersten Mooney 8477 Bay Colony Dr #1002 Naples, FL 34108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASVODA, JEAN 1919 E CROWN POINTE DR NAPLES, FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Sherry Martin 4945 Cougar Ct S # 205 Naples, FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUVAL, MAYERN 1101 EGRETS WALK CIR., #102 NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUVAL, MARYANN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OSBORNE, MARGOT 11770 NIGHT HEREN DR NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, JOAN 472 WOODSHORE LN., D-10 NAPLES, FL 34105 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLYDMAN, ANN 15660 VILLORISE WAY NAPLES, FL 34110 <input checked="" 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)(l), 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:** Maryann Duval 6/13/05 239-596-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11:00 President 0993