

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

300001786583
-04/19/96--01012--027
***61.25

DOCUMENT # N95000002432 (1)

1. Corporation Name
WINGS OF EAGLES EDUCATION FOUNDATION, INC.



Principal Place of Business
11013 HEARTH RD.
SPRING HILL FL 34608

Mailing Address
11013 HEARTH RD.
SPRING HILL FL 34608

3. Date Incorporated or Qualified
05/19/1995

3a. Date of Last Report
N/A

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3359853		Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		30			
Zip		Country		Zip		Country	
24		25		29		30	
		34606-5655					

9. Name and Address of Current Registered Agent

**BATTISTA, ROBERT B
205 SUNSET DR.
BROOKSVILLE FL 34601**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	11 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEMMILL, WILLIAM B	12 NAME	Gemmill, William B.
STREET ADDRESS	3051 MANDRELL AVE.	13 STREET ADDRESS	3051 Mandrell Avenue
CITY-ST-ZIP	SPRING HILL FL 34608	14 CITY-ST-ZIP	Spring Hill, FL 34608
TITLE	D <input checked="" type="checkbox"/> DELETE	21 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTISTA, ROBERT B	22 NAME	Battista, Robert B.
STREET ADDRESS	PO BOX 471	23 STREET ADDRESS	205 Sunset Drive
CITY-ST-ZIP	BROOKSVILLE FL 34605	24 CITY-ST-ZIP	Brooksville, FL 34601
TITLE	D <input checked="" type="checkbox"/> DELETE	31 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECK, JERRY E	32 NAME	Sanders, John R.
STREET ADDRESS	11013 HEARTH RD.	33 STREET ADDRESS	4019 Benchmark Trail
CITY-ST-ZIP	SPRING HILL FL 34608	34 CITY-ST-ZIP	Spring Hill, FL 34609
TITLE	<input type="checkbox"/> DELETE	41 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	Eckman, Marianne C.
STREET ADDRESS		43 STREET ADDRESS	4331 Dristol Avenue
CITY-ST-ZIP		44 CITY-ST-ZIP	Spring Hill, FL 34609
TITLE	<input type="checkbox"/> DELETE	51 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	Gates, Craig
STREET ADDRESS		53 STREET ADDRESS	12239 Glen Haven Street
CITY-ST-ZIP		54 CITY-ST-ZIP	Spring Hill, FL 34609
TITLE	<input type="checkbox"/> DELETE	61 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	Sullivan, Paul H.
STREET ADDRESS		63 STREET ADDRESS	275 Dartmouth Avenue
CITY-ST-ZIP		64 CITY-ST-ZIP	Spring Hill, FL 34606

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert B. Battista* **Robert B. BATTISTA** **4/9/96** (352) 796-5123
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time (Three)