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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000002432 (1)

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



Principal Place of Business
11013 HEARTH RD.
SPRING HILL FL 34808

Mailing Address
PO BOX 5655
SPRING HILL FL 34611-0655

3. Date Incorporated or Qualified 05/19/1995
3a. Date of Last Report 04/18/1996

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
27
City & State 23
28
Zip 24
Country 25
29
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4. FEI Number 59-3359853
Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BATTISTA, ROBERT B
205 SUNSET DR.
BROOKSVILLE FL 34601

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

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETED | 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change | Addition |
|-------|---------------------|----------------------|----------------------|-------------------------------------|-----------|--------------------|--------------------------|-----------------------|-------------------------------------|-------------------------------------|
| V | GEMMILL, WILLIAM B | 3051 MANORELL AVE. | SPRING HILL FL 34608 | <input type="checkbox"/> | D/S | Hoffman, Adrian C. | 8092 Highpoint Boulevard | Brooksville, FL 34613 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| P | BATTISTA, ROBERT B | 205 SUNSET DR. | BROOKSVILLE FL 34601 | <input checked="" type="checkbox"/> | P | Sanders, John R. | 4019 Benchmark Trail | Spring Hill, FL 34609 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| S | SANDERS, JOHN R. | 4019 BENCHMARK TRAIL | SPRING HILL FL 34609 | <input checked="" type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| T | ECKMAN, MARIANNE C. | 4331 DRISTOL AVE. | SPRING HILL FL 34609 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | GATES, CRAIG | 12239 GLEN HAVEN ST. | SPRING HILL FL 34609 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | SULLIVAN, PAUL | 275 DARTMOUTH AVE. | SPRING HILL FL 34608 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do 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 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 changed, or on an attachment with an address.

SIGNATURE: William B. Gemmill 4/27/97 352-686-7515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000

CR2E037 (9/96)