

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90368 022 ****61.25

DOCUMENT # N99000002438

1. Entity Name

WINGS OF PRAISE MINISTRIES, INC.

Principal Place of Business

1146 E. PLATT ST.
 WINTER GARDEN FL 34787

Mailing Address

1146
 1134 E. PLANT ST.
 WINTER GARDEN FL 34787

2. Principal Place of Business

3. Mailing Address

1146 E. Plant st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Winter Garden

City & State

City & State

Florida

Zip

Country

Zip
 34787

Country

ORANGE

4. FEI Number

59-3583578

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES, NORMAN J
 1146 E. PLANT STREET
 WINTER GARDEN FL 34787

Name

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

City

FL

Zip Code

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.

SIGNATURE

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**

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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	JAMES, NORMAN J	8127 VILLAGE GREEN RD.	ORLANDO FL 32818	<input type="checkbox"/>
D	JAMES, CLORETHA M	8127 VILLAGE GREEN RD.	ORLANDO FL 32818	<input type="checkbox"/>
D	BELL, WILLIE M	4503 LK MARTIN LN. APT. E	ORLANDO FL 32808	<input type="checkbox"/>
D	BELL, JIMMYE C	4503 LK MARTIN LN. APT. E	ORLANDO FL 32808	<input checked="" type="checkbox"/>
D	MIKE, JANICE	1105 ORANGE BLVD.	POLK CITY FL 33868	<input type="checkbox"/>
D	BROCKETT, JACAT	4737 SANDY SHORE	ORLANDO FL 32804	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	TANGela Johnson	202 massey Ave.	Winter Garden FLA. 34787	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

Norman J. James
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/01 (407)877-9555
 Date Daytime Phone #

CR2E037 (10/00)