

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008700

Entity Name: WINGS OVER MIAMI MUSEUM, INC.

Current Principal Place of Business:

14710 SW 128TH ST
MIAMI, FL 33196

Current Mailing Address:

14710 SW 128TH STREET
MIAMI, FL 33196

FEI Number: 01-0624232

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PLOUCHA, L.M.
FOWLER WHITE BOGGS P.A.
1200 EAST LAS OLAS BOULEVARD, SUITE 500
FORT LAUDERDALE, FL 33301 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DVP
Name SCHLAFLY, FRED E
Address 13250 SW 97TH AVENUE
City-State-Zip: MIAMI FL 33186

Title D
Name RIVENBARK, WILLIAM G
Address 3616 HARLANO STREET
City-State-Zip: CORAL GABLES FL 33314

Title DS
Name PLOUCHA, L.M.
Address 1151 N FT LAUDERDALE BEACH BLVD
5B
City-State-Zip: FORT LAUDERDALE FL 33304

Title DP
Name RICE, SUZETTE
Address 7860 SW 181 TERRACE
City-State-Zip: MIAMI FL 33157

Title DIRECTOR
Name NEWELL, NORM
Address 7000 S.W. 77TH PLACE
City-State-Zip: MIAMI FL 33142

Title DIRECTOR
Name SCHMELZER, TIMOTHY
Address 1228 WEST AVENUE
APT 705
City-State-Zip: MIAMI BEACH FL 33319

Title DIRECTOR
Name TIRADO, VINCENT JR.
Address 18601 S.W. 210TH STREET
City-State-Zip: MIAMI FL 33187

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: L.M. PLOUCHA

SECRETARY

02/07/2014

Electronic Signature of Signing Officer/Director Detail

Date