

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010556

**FILED**  
**Apr 29, 2013**  
**Secretary of State**  
**CC6861780743**

**Entity Name:** WINGS OF LOVE WORSHIP CENTER AND OUTREACH  
MINISTRIES, INC.

**Current Principal Place of Business:**

232 6TH ST., N.W.  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

PO BOX 7571  
WINTER HAVEN, FL 33883-7571

**FEI Number:** 20-1864409

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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 DPST  
Name ALLEN, SANDRA  
Address 232 6TH ST., N.W.  
City-State-Zip: WINTER HAVEN FL 33881

Title D  
Name ALLEN, CALVIN E  
Address 232 6TH ST., N.W.  
City-State-Zip: WINTER HAVEN FL 33881

Title D  
Name ALLEN, CALVIN T  
Address 232 6TH ST., N.W.  
City-State-Zip: WINTER HAVEN FL 33881

Title D  
Name LEWIS, MYRA C  
Address 631 W 9TH ST.  
City-State-Zip: LAKELAND FL 33805

Title D  
Name SHAW, TIFFANY N  
Address 2775 FRAZIER ST.  
City-State-Zip: BARTOW FL 33830

Title D  
Name GRAYES, KAREN D  
Address 4360 BRIARWOOD CIR.  
City-State-Zip: AUBURNDALE FL 33823

*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:** SANDRA ALLEN

DPST

04/29/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date