

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004254

Entity Name: WINGS OF DREAMS INC.**Current Principal Place of Business:**7100 AIRPORT RD.
STARKE, FL 32091**Current Mailing Address:**P.O. BOX 357071
GAINESVILLE, FL 32635 US**FEI Number:** 65-1284395**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KING, SUSAN K
7100 AIRPORT ROAD
STARKE, FL 32091 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	PD
Name	KING, SUSAN K
Address	P.O. BOX 357071
City-State-Zip:	GAINESVILLE FL 32635

Title	TD
Name	BRIGGS, ROBERT
Address	499 GOLDEN POND CT.
City-State-Zip:	ST. JOHNS FL 32259

Title	D
Name	ASHLEY, GREGORY
Address	P.O. BOX 610
City-State-Zip:	WALDO FL 32694

Title	VPD
Name	OEHL, ROBERT A
Address	5005 NW 119TH ST
City-State-Zip:	GAINESVILLE FL 32653

Title	D
Name	MCINTYRE, TOM
Address	P.O. BOX 229
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

Title	SD
Name	HOY, WESLEY D
Address	1423 NW 16TH TERRACE
City-State-Zip:	GAINESVILLE FL 32605

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: SUSAN K KING**PRESIDENT****03/03/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date