

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004254

**Entity Name:** WINGS OF DREAMS INC.**Current Principal Place of Business:**289 SE 82ND ST  
STARKE, FL 32091**Current Mailing Address:**289 SE 82ND ST  
STARKE, FL 32091 US**FEI Number:** 65-1284395**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OEHL, ROBERT A  
289 SE 82ND ST  
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:** ROBERT A. OEHL

06/14/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR  
Name OEHL, ROBERT A  
Address 289 SE 82ND ST.  
City-State-Zip: STARKE FL 32091

Title VP, DIRECTOR  
Name ASHLEY, GREGORY  
Address 289 SE 82ND ST  
City-State-Zip: STARKE FL 32091

Title SECRETARY, TREASURER,  
DIRECTOR  
Name HOY, WESLEY D  
Address 289 SE 82ND ST  
City-State-Zip: STARKE FL 32091

Title DIRECTOR  
Name REYES, FRANCISCO PHD  
Address 289 SE 82ND ST  
City-State-Zip: STARKE FL 32091

Title DIRECTOR  
Name HERRON, CLYDE  
Address 289 SE 82ND ST  
City-State-Zip: STARKE FL 32091

*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:** ROBERT A. OEHL

PRESIDENT

06/14/2016

Electronic Signature of Signing Officer/Director Detail

Date