

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006811

Entity Name: WINGS OF SHELTER INT'L, INC.**Current Principal Place of Business:**12511 BASSBROOK LANE
TAMPA, FL 33626**Current Mailing Address:**21301 S TAMIAMI TRAIL
STE 320, PMB 335
ESTERO, FL 33928 US**FEI Number:** 26-3441610**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NEWMAN MARINKOVICH, TRACY
12511 BASSBROOK LANE
TAMPA, FL 33626 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:** TRACY NEWMAN MARINKOVICH

03/14/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT, TREASURER
Name SENITZ, LOWELL J
Address 1317 CHESTNUT HILL DR
City-State-Zip: WYLIE TX 75098

Title DIRECTOR, VP, SECRETARY
Name SENITZ, SALLY C
Address 1317 CHESTNUT HILL DR
City-State-Zip: WYLIE TX 75098

Title DIRECTOR, CHAIRMAN
Name SENITZ, MARK J
Address 2175 E STONE RD
City-State-Zip: WYLIE TX 75098

Title DIRECTOR
Name DUVAL, ASHBY
Address 27282 S RIVERSIDE DRIVE
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name HANSON, DOUG
Address 27633 WASHINGTON ST.
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name APPEL, LINDSEY
Address 526 CLARK ROAD
City-State-Zip: MONTICELLO FL 32344

Title DIRECTOR
Name APPEL, TYLER
Address 526 CLARK ROAD
City-State-Zip: MONTICELLO FL 32344

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: LOWELL J SENITZ

PRESIDENT

03/14/2023

Electronic Signature of Signing Officer/Director Detail

Date