

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006811

Entity Name: WINGS OF SHELTER INT'L, INC.**Current Principal Place of Business:**10661 JACKSON SQUARE DRIVE
ESTERO, FL 33928**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:**SENITZ, SALLY C
21301 S TAMIAMI TRAIL
STE 320, PMB 335
ESTERO, FL 33928 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:** SALLY C SENITZ

02/25/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT, TREASURER
Name SENITZ, LOWELL J
Address 21301 S TAMIAMI TRAIL
STE 320, PMB 335
City-State-Zip: ESTERO FL 33928

Title DIRECTOR, VP, SECRETARY
Name SENITZ, SALLY C
Address 21301 S TAMIAMI TRAIL
STE 320, PMB 335
City-State-Zip: ESTERO FL 33928

Title DIRECTOR, CHAIRMAN
Name SENITZ, MARK J
Address 1820 WEANNE DR.
City-State-Zip: RICHARDSON TX 75082

Title DIRECTOR
Name DUVAL, ASHBY
Address 27633 WASHINGTON STREET
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name HANSON, DOUG
Address 4658 CATALINA LANE
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR
Name APPEL, LINDSEY
Address 6106 55TH AVE CIRCLE E
City-State-Zip: BRADENTON FL 34203

Title DIRECTOR
Name APPEL, TYLER
Address 6106 55TH AVE CIRCLE E
City-State-Zip: BRADENTON FL 34203

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

02/25/2020

Electronic Signature of Signing Officer/Director Detail

Date