

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000006869

**Entity Name:** WINGS OF DELIVERANCE OUTREACH, INC.

**Current Principal Place of Business:**

5327 SE GRAHAM DR  
STUART, FL 34997

**Current Mailing Address:**

5327 SE GRAHAM DR  
STUART, FL 34997 US

**FEI Number:** 65-1035769

**Certificate of Status Desired:** No

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

SMITH, DEANNA  
5327 SE GRAHAM DR  
STUART, FL 34997 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 P  
Name SMITH, LEONARD  
Address 5327 S.E. GRAHAM DR  
City-State-Zip: STUART FL 34997

Title S  
Name WADE, DEANNA  
Address 816 S.E. BAYOU AVENUE  
City-State-Zip: STUART FL 34994

Title VP  
Name PARKER, JAMES  
Address 3107 S. 22ND STREET  
City-State-Zip: FT. PIERCE FL 34945

Title T  
Name QUENCIE, HORNE  
Address 1233 SE ASTORWOOD PL.  
City-State-Zip: STUART FL 34994

*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:** SMITH LEONARD

**PRESIDENT**

**01/25/2017**

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

\_\_\_\_\_  
Date