

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000001366

Entity Name: BROKEN WINGS MINISTRY, INC.

Current Principal Place of Business:

11723 BARLETTA DR.
ORLANDO, FL 32827

Current Mailing Address:

11723 BARLETTA DR.
ORLANDO, FL 32827 US

FEI Number: 47-3272931

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CARVALHO, TAMMY
11723 BARLETTA DR.
ORLANDO, FL 32827 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 D/P
Name CARVALHO, TAMMY M
Address 11723 BARLETTA DR.
City-State-Zip: ORLANDO FL 32827

Title D/VP
Name CARVALHO, NORMAN F
Address 11723 BARLETTA DR.
City-State-Zip: ORLANDO FL 32827

Title D
Name HERNANDEZ, ANNA
Address 528 YEARLING COVE LOOP
City-State-Zip: APOPKA FL 32703

Title D
Name HAND, KATHERINE
Address 113 JOSEPH DRIVE LOT 49
City-State-Zip: RAEFORD NC 28376

Title D
Name CUNLIFFE, EVELYN
Address 707 NORTH HICKORY AVE., APT. 2B
City-State-Zip: BEL AIR MD 21014

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: TAMMY M. CARVALHO

PRESIDENT

01/14/2017

Electronic Signature of Signing Officer/Director Detail

Date