## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000001366

Entity Name: BROKEN WINGS MINISTRY, INC.

**FILED** Jan 08, 2021 **Secretary of State** 4943597650CC

## **Current Principal Place of Business:**

8257 NARCOOSSEE PARK DRIVE

SUITE 508C

ORLANDO, FL 32822

## **Current Mailing Address:**

10524 MOSS PARK ROAD SUITE 204-768 ORLANDO, FL 32823 US

FEI Number: 47-3272931 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CARVALHO, TAMMY 8257 NARCOOSSEE PARK DRIVE SUITE 508C ORLANDO, FL 32822 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: TAMMY CARVALHO 01/08/2021

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title CEO Title VICE PRESIDENT/ CFO

Name CARVALHO, TAMMY M Name CARVALHO, NORMAN F

10524 MOSS PARK ROAD 10524 MOSS PARK ROAD Address Address SUITE 204-768

SUITE 204-768

City-State-Zip: ORLANDO FL 32823 City-State-Zip: ORLANDO FL 32823

Title **BOARD CHAIR** Title OTHER

Name FORESTIERI, MARNIE Name GOMEZ CORDERO, MARIBEL

10524 MOSS PARK ROAD Address Address 10524 MOSS PARK ROAD SUITE 204-768 SUITE 204-768

ORLANDO FL 32823 City-State-Zip: ORLANDO FL 32823

Title OTHER

City-State-Zip:

SENECAL, RITA Name

10524 MOSS PARK ROAD Address

City-State-Zip: ORLANDO FL 32832

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: CARVALHO, TAMMY M

CEO

01/08/2021