

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000001366

Entity Name: BROKEN WINGS MINISTRY, INC.

Current Principal Place of Business:

6900 TAVISTOCK LAKES BLVD
SUITE 453
ORLANDO, FL 32827

Current Mailing Address:

10524 MOSS PARK ROAD
SUITE 204-768
ORLANDO, FL 32823 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	Title	D/VP
Name	CARVALHO, TAMMY M	Name	CARVALHO, NORMAN F
Address	11723 BARLETTA DR.	Address	11723 BARLETTA DR.
City-State-Zip:	ORLANDO FL 32827	City-State-Zip:	ORLANDO FL 32827
Title	D	Title	D
Name	HERNANDEZ, ANNA	Name	HAND, KATHERINE
Address	528 YEARLING COVE LOOP	Address	113 JOSEPH DRIVE LOT 49
City-State-Zip:	APOPKA FL 32703	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

01/20/2018

Electronic Signature of Signing Officer/Director Detail

Date