

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000006248

Entity Name: ROOTS AND WINGS INC.**Current Principal Place of Business:**7700 CONGRESS AVENUE
SUITE 3212
BOCA RATON, FL 33487**Current Mailing Address:**335 E LINTON BLVD.
SUITE 2219
DELRAY BEACH, FL 33483 US**FEI Number:** 38-4008636**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOSKINSON, THEODORE C
513 SEASAGE DRIVE
DELRAY BEACH, FL 33483 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, CEO.D
Name HOSKINSON, THEODORE C
Address 513 SEASAGE DRIVE
City-State-Zip: DELRAY BEACH FL 33483

Title D
Name GRAZIANO, ANTHONY W
Address 513 SEASAGE DRIVE
City-State-Zip: DELRAY BEACH FL 33483

Title DIRECTOR
Name USELMANN, DONALD
Address 335 E LINTON BLVD.
SUITE 2219
City-State-Zip: DELRAY BEACH FL 33483

Title D
Name WILSON, ANTHONY
Address 7700 CONGRESS AVENUE
SUITE 3212
City-State-Zip: BOCA RATON FL 33487

Title D
Name WEHRLE, STEVE D
Address 513 SEASAGE DRIVE
City-State-Zip: DELRAY BEACH FL 33483

Title DIRECTOR
Name PATRICK, JOYCELYN
Address 211 NW 15TH AVENUE
City-State-Zip: DELRAY BEACH FL 33444

Title DIRECTOR
Name TOLSON, SUSAN
Address 335 E LINTON BLVD.
SUITE 2219
City-State-Zip: DELRAY BEACH FL 33483

Title DIRECTOR
Name SID, BREMAN
Address 7700 CONGRESS AVENUE
SUITE 3212
City-State-Zip: BOCA RATON FL 33487

Continues on page 2

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: THEODORE HOSKINSON**DIRECTOR****02/09/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BURNS, MARK
Address	7700 CONGRESS AVENUE SUITE 3212
City-State-Zip:	BOCA RATON FL 33487