

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000006248

Entity Name: ROOTS AND WINGS INC.**Current Principal Place of Business:**335 E LINTON BLVD.
SUITE 2219
DELRAY BEACH, FL 33483**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	PD
Name	HOSKINSON, THEODORE C
Address	335 E LINTON BLVD. SUITE 2219
City-State-Zip:	DELRAY BEACH FL 33483

Title	VPTD
Name	WEHRLE, STEVE D
Address	335 E LINTON BLVD. SUITE 2219
City-State-Zip:	DELRAY BEACH FL 33483

Title	SD
Name	GRAZIANO, ANTHONY W JR.
Address	335 E LINTON BLVD. SUITE 2219
City-State-Zip:	DELRAY BEACH FL 33483

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

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

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

PD

02/08/2019

Electronic Signature of Signing Officer/Director Detail_____
Date