

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000002909

**FILED  
Apr 29, 2019  
Secretary of State  
7423296316CC**

**Entity Name:** WINGS OF C. H. A. N.G.E., INC.

**Current Principal Place of Business:**

139 SPARROW DR  
APT 5A  
ROYAL PALM BEACH, FL 33411

**Current Mailing Address:**

139 SPARROW DR  
APT 5A  
ROYAL PALM BEACH, FL 33411 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BROOKS, STACEY T MS.  
139 SPARROW DR  
APT 5A  
ROYAL PALM BEACH, FL 33404 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 BROOKS, STACEY T MS.  
Address 139 SPARROW DR. APT 5A  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title VPT  
Name MANUEL, SHATORRIA L MS.  
Address 139 SPARROW DR. APT 5A  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title SEC  
Name MADISON, ESSENCE A MS.  
Address 139 SPARROW DR. APT 5A  
City-State-Zip: ROYAL PALM BEACH FL 33411

*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: STACEY T. BROOKS**

**PD**

**04/29/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date