

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90189 026 \*\*\*\*70.00

**DOCUMENT # 762096**

1. Entity Name  
**WINGS OF FAITH EVANGELISTIC MAILING  
SERVICE, INC.**



Principal Place of Business  
**10907 CIR OAK CT.  
RIVERVIEW, FL 33569**

Mailing Address  
**170 W. DEARBORN STREET  
ENGLEWOOD, FL 34223**

**50036425**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2167746**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUNKIN, DAVID A.  
170 W. DEARBORN STREET  
ENGLEWOOD, FL 34223**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent Signature required when re-appointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>ECKEBLE, PAUL G REV</b>	
STREET ADDRESS	<b>44 RIDGEWAY AVE</b>	
CITY-ST-ZIP	<b>FLORENCE, KY 41042</b>	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	<b>THATCHER, VICTORIA M REV</b>	
STREET ADDRESS	<b>10907 CIR OAK CT/</b>	
CITY-ST-ZIP	<b>RIVERVIEW, FL 33569</b>	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	<b>HOFFER, BARBARA</b>	
STREET ADDRESS	<b>5105 TENTH AVE DR.</b>	
CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	<b>ECKERLE, CAROLYNN S</b>	
STREET ADDRESS	<b>44 RIDGEWAY AVE.</b>	
CITY-ST-ZIP	<b>FLORENCE, KY 41042</b>	
TITLE	TR	<input type="checkbox"/> Delete
NAME	<b>ECKERLE, PAUL S.</b>	
STREET ADDRESS	<b>1807 HIGHLAND AVE</b>	
CITY-ST-ZIP	<b>FT WRIGHT, KY 41011</b>	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	<b>ELWOOD, CHARLENE L</b>	
STREET ADDRESS	<b>1045 AMBER CT.</b>	
CITY-ST-ZIP	<b>FLORENCE, KY 41042</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THATCHER, VICTORIA M REV.</b>	
STREET ADDRESS	<b>10907 CIRCLE OAK COURT</b>	
CITY-ST-ZIP	<b>RIVERVIEW FL 33569</b>	
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOFFER, BARBARA</b>	
STREET ADDRESS	<b>5105 TENTH AVE DR. W.</b>	
CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>	
TITLE	V.P. & T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ECKERLE, CAROLYNN S.</b>	
STREET ADDRESS	<b>44 RIDGEWAY AVE.</b>	
CITY-ST-ZIP	<b>FLORENCE KY 41042</b>	
TITLE	TR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KIM KRAEMER</b>	
STREET ADDRESS	<b>7048 W. 5TH. ST.</b>	
CITY-ST-ZIP	<b>ROSEDALE INDIANA 47874</b>	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELWOOD, CHARLENE</b>	
STREET ADDRESS	<b>1045 AMBER COURT</b>	
CITY-ST-ZIP	<b>FLORENCE KY 41042</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carolynn S. Eckerle* N.P.

04-01-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #