


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90342 050 ****70.00

DOCUMENT # 762096 1. Entity Name WINGS OF FAITH EVANGELISTIC MAILING SERVICE, INC.					
Principal Place of Business 6601 E. MOBILE ST. INVERNESS, FL 34452			Mailing Address 6601 E. MOBILE ST. INVERNESS, FL 34452		
2. Principal Place of Business SAME		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2167746	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNKIN, DAVID A. 170 W. DEARBORN STREET ENGLEWOOD, FL 34223				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	DP ECKEBLE, PAUL G REV <input type="checkbox"/> Delete 44 RIDGEWAY AVE FLORENCE, KY 41042			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR THATCHER, VICTORIA M REV <input type="checkbox"/> Delete 10907 CIRCLE OAK COURT RIVERVIEW, FL 33569			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HOFER, BARBARA <input type="checkbox"/> Delete 5105 10TH AVE DR W BRADENTON, FL 34209			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ECKERLE, CAROLYNN S <input type="checkbox"/> Delete 44 RIDGEWAY AVE. FLORENCE, KY 41015			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ECKERLE, PAUL S <input type="checkbox"/> Delete 1807 HIGHLAND AVE FT WRIGHT, KY 41011			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELWOOD, CHARLENE L <input type="checkbox"/> Delete 1045 AMBER CT. FLORENCE, KY 41042			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Carolynn S. Eckerle</u> 04/03/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

20027692
#762096

File Number: _____

STATEMENT OF CHANGE OF BUSINESS MAILING ADDRESS

(see reverse for instructions)

The entity identified below submits to the Secretary of State the following statement for the purpose of changing its business mailing address.

1. The name of the business entity is: WINGS OF FAITH MISSIONS
FORMERLY KNOWN AS: WINGS OF FAITH EVANGELISTIC
MAILING SERVICE
2. The business mailing address is currently on file as:
6601 E. MOBILE ST. INVERNESS FL 34452

3. The business mailing address is to be changed to:

SAME ☒ CHANGE

4. Change of address is effective: ☐ Upon Receipt ☒ NA (Date)

Signed: Carolynn S Eckerle VP

Printed Name: CAROLYNN S ECKERLE

Capacity: VP

Dated: 04/03/06

g:\corpforms\misc\forms\change_address.pmd

FILE ONE COPY

NO FEE REQUIRED

ATTACHME

ATTACHMENT 26027692

Wings of Faith Missions
6601 East Mobile Street
Inverness, Fla. 34452

#762096

Financial Statement from January 1,2005- December 31,2005

Beginning Balance 01/01/05	56.09
Total Collections	14908.25
Cash Pay outs	100.00
Office supplies & Expenses	328.67
Charter Fees - Kingsway	100.00
Annual Reports	195.00
Air & Travel Expenses to Malawi (x2)	3452.96
Western Union Transfer Fees	613.00
Designed Funds	602.00
Funds to Malawi	7577.00
Orphans/ Feeding Program	793.07
Youth & School Fees	177.98
Charitable Donations	754.56
Remaining Bank Balance 12/31/05	270.10