

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90001 021 ****61.25

DOCUMENT # 762096 1. Entity Name WINGS OF FAITH MISSIONS, 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 - No P.O. Box # 10907 Circle Oak Ct. Suite, Apt. #, etc. Riverview, FL		3. Mailing Address Same Suite, Apt. #, etc. Same			
City & State 33569		City & State Hillsborough		4. FEI Number 59-2167746	
Zip 33569		Country Hillsborough		5. Certificate of Status Desired <input 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 Rev. Victoria Thatcher March 1, 2007 <small>Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 ECKERLE, PAUL G REV 44 RIDGEWAY AVE FLORENCE, KY 41042	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR THATCHER, VICTORIA M REV 10907 CIRCLE OAK COURT RIVERVIEW, FL 33569	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HOFER, BARBARA 5105 10TH AVE DR W BRADENTON, FL 34209	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ECKERLE, CAROLYNN S 44 RIDGEWAY AVE. FLORENCE, KY 41015	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ECKERLE, PAULA S 1807 HIGHLAND AVE FT WRIGHT, KY 41011	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELWOOD, CHARLENE L 1045 AMBER CT. FLORENCE, KY 41042	<input checked="" type="checkbox"/> Delete			
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 officer 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: Rev. Victoria Thatcher 03/01/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		