2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# 762096

Entity Name: WINGS OF FAITH MISSIONS, INC.

Current Principal Place of Business:

5105 10 AVE DR W
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

44 RIDGEWAY AVE
FLORENCE, KY 41042

New Mailing Address:

FEI Number: 59-2167746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	ECKERLE, PAUL G REV	
Address:	44 RIDGEWAY AVE	
City-St-Zip:	FLORENCE, KY 41042	
Title:	TR	( ) Delete
Name:	THATCHER, VICTORIA M REV	
Address:	10907 CIRCLE OAK COURT	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	VPT	( ) Delete
Name:	ECKERLE, CAROLYNN S	
Address:	44 RIDGEWAY AVE.	
City-St-Zip:	FLORENCE, KY 41015	
Title:	TR	( ) Delete
Name:	ECKERLE, PAULA S	
Address:	1807 HIGHLAND AVE	
City-St-Zip:	FT WRIGHT, KY 41011	
Title:	T	( ) Delete
Name:	HOFER, BARBARA MRS	
Address:	5105 10 AVE DR W	
City-St-Zip:	BRADENTON, FL 34239	
Title:	ST	( ) Delete
Name:	KRAEMER, KIM REV	
Address:	7048 W 5 ST	
City-St-Zip:	ROSEDALE, IN 47874	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CAROLYNN S. ECKERLE VPT 04/14/2009

Electronic Signature of Signing Officer or Director — Date