## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000003313

Entity Name: WINGS OF ANGELS, INC.

FILED Jun 11, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 10100 HILLVIEW DR. #11A PENSACOLA, FL 32514 **Current Mailing Address: New Mailing Address:** 10100 HILLVIEW DR. #11A PENSACOLA, FL 32514 FEI Number: 58-1945766 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BUICE, WILLIAM R 10100 HILLVIEW DR. #11A PENSACOLA, FL 32514 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition ( ) Delete BURDETTE, ERNEST LINWOOD DR. Name: Name: Address: 1201 E SECOND ST. Address: City-St-Zip: PASS CHRISTIAN, MS 39571 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: COLBY, CHRISTOPHER REV Name: Address: PO BOX 459 Address: City-St-Zip: PASS CHRISTIAN, MS 39571 City-St-Zip: Title: ( ) Delete Title: () Change () Addition MCDOWELL-FLEMING, DAVID REV Name: Name: Address: 3560 BRIARCLIFF DR Address: City-St-Zip: PENSACOLA, FL 32505 City-St-Zip: Title: ( ) Delete Title: () Change () Addition DUNCAN, PHILIP M II Name: Name: PO BOX 13330 Address: Address: City-St-Zip: PENSACOLA, FL 325913330 City-St-Zip: Title: ( ) Delete Title: () Change () Addition BUICE, WILLIAM R REV. DR Name: Name: 10100 HILLVIEW DR. #11A Address: Address: City-St-Zip: PENSACOLA, FL 32514 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SKEELE, DONALD SKEELE, DONALD Name: Name: Address: 7655 LAKESIDE DR Address: 500 SPANISH FORT BLVD. #95 SPANISH FORT, AL 36527 PENSACOLA, FL 32583 City-St-Zip: 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: DONALD SKEELE VPS 06/11/2009