

**F14000002424**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 JUN -4 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W14- 32434

2 06/05/14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 22, 2014

LOIS PERRY  
WINGS OF HEALING MINISTRIES, INC.  
P.O. BOX 7181  
PORT ST. LUCIE, FL 34985

SUBJECT: WINGS OF HEALING MINISTRIES, INC.  
Ref. Number: W14000032434

RECEIVED  
14 JUN -4 AM 10:58  
STATE  
TALLAHASSEE, FLORIDA

We have received your document for WINGS OF HEALING MINISTRIES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 514A00011176

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** WINGS OF HEALING MINISTRIES, INCORPORATED  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

LOIS PERRY

Name of Person

Wings of Healing Ministries, Inc.

Firm/Company

PO Box 7181

Address

Port St. Lucie, Fla 34985

City/State and Zip Code

PLP@MYWOHM.ORG or LOIS4REAL@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pastor Lois Perry

Name of Person

at ( 678 ) 522-0262

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☒ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:

1. WINGS OF HEALING Ministries, Inc.  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Georgia 3. 58-2100 193  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3/7/1994 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NA  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 170 SE Osprey Ridge, Port St. Lucie, FL 34984  
(Principal office address)  
P.O. Box 7181, Port St. Lucie, FL 34985  
(Current mailing address)
8. Church, Worship Services, Religion  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)  
Name: LOIS PERRY  
Office Address: 170 SE OSprey RIDGE  
PORT ST LUCIE, Florida 34984  
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

10. **Registered agent's acceptance:**  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

**B. OFFICERS**

President: LOIS PERRY

Address: 170 SE Osprey Ridge  
Port St Lucie, FL 34984

Vice President: RANFORD PERRY

Address: 170 SE Osprey Ridge  
Port St. Lucie, FL 34984

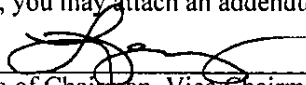
Secretary: MIRANDA C. Love

Address: 2060 BARNWELL CT. Powder Spring, GA 30127

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. LOIS PERRY, CEO  
(Typed or printed name and capacity of person signing application)

# STATE OF GEORGIA

Secretary of State  
Corporations Division  
313 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

CONTROL NUMBER : K406482  
DATE INC/AUTH/FILED : March 07, 1994  
JURISDICTION : Georgia  
PRINT DATE : June 02, 2014

## CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

WINGS OF HEALING MINISTRIES, INC.  
A Domestic Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



*B: P. Kemp*

Brian P. Kemp  
Secretary of State

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TALLAHASSEE, FLORIDA

Tracking #: Tf3jyyh1