

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000006483 (1)

1. Corporation Name

WINGS OF FREEDOM, INC.



Principal Place of Business

P.O. BOX 570007  
ORLANDO FL 32857-0007

Mailing Address

P.O. BOX 570007  
ORLANDO FL 32857-0007

2. Principal Place of Business

21 5850 T.G. LEE BLVD

Suite, Apt. #, etc.

22 SUITE 100

City & State

23 ORLANDO

Zip

24 32822

Country

25 USA

2a. Mailing Address

26 5850 T.G. LEE BLVD

Suite, Apt. #, etc.

27 SUITE 100

City & State

28 ORLANDO

Zip

29 32822

Country

30 USA

3. Date Incorporated or Qualified  
12/19/1994

3a. Date of Last Report  
04/21/1995

4. FEI Number

56-1667379

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

STOKES, KEITH  
2724 TIERRA CIRCLE  
WINTER PARK FL 32792

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD ☐ DELETE

NAME JANNEY, AL  
STREET ADDRESS P.O. BOX 574003 N/A  
CITY-ST-ZIP ORLANDO FL

TITLE VD ☒ DELETE

NAME FRANKS, JIMMY  
STREET ADDRESS 1880 SAHA CT.  
CITY-ST-ZIP KISSIMMEE FL

TITLE D ☐ DELETE

NAME JANNEY, DAVID A  
STREET ADDRESS 1515 ENSENADA DRIVE  
CITY-ST-ZIP ORLANDO FL

TITLE SD ☐ DELETE

NAME STOKES, KEITH  
STREET ADDRESS 2724 TIERRA CIRCLE  
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-26-96

904/787 4825

Daytime Phone #

0004677

27 (3/96)