2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005497

5915 BENJAMIN CENTER DR

TAMPA, FL 33634

Address:

City-St-Zip:

FILED Feb 26, 2009 Secretary of State

Entity Name: WINGS FOR LIFE, INC. **Current Principal Place of Business: New Principal Place of Business:** 5915 BENJAMIN CTR DR TAMPA, FL 33634 **Current Mailing Address: New Mailing Address:** 5915 BENJAMIN CTR DR TAMPA, FL 33634 FEI Number: 59-3662308 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HULL, DAVID J 225 WATER ST **SUITE 1800** TALLAHASSEE, FL 32202 US 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: () Delete () Change () Addition STANDER, O.B. Name: Name: Address: 5915 BENJAMIN CENTER DR Address: City-St-Zip: TAMPA, FL 33634 City-St-Zip: Title: Title: () Delete () Change () Addition GRIFFIN, BILL Name: Name: Address: 5415 BENJAMIN CENTER DRIVE Address: City-St-Zip: TAMPA, FL 33634 City-St-Zip: Title: () Delete Title: () Change () Addition ESTREN, JUDY Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: O.B. STANDER CD 02/26/2009