


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000007728

1. Entity Name
WINGS OF LOVE MINISTRIES INC.



| | |
|--|--|
| Principal Place of Business 2429 W. ORLANDO RD. PANAMA CITY, FL 32404 | Mailing Address P.O. BOX 938 LYNN HAVEN, FL 32444 |
|--|--|

DO NOT WRITE IN THIS SPACE



04242007 No Chg-NP CR2E037 (4/06)

| | |
|---|--|
| 4. FEI Number 59-3733277 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**ADCOCK, DONALD E
 4450 LEISURE LAKES DR
 CHIPLEY, FL 32428**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ADCOCK, JERRY A SR. 9125 N.HOLLAND RD. SOUTHPORT, FL 32409 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ADCOCK, JANICE 9125 N. HOLLAND RD. SOUTHPORT, FL 32409 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ADCOCK, DONALD E 4450 LEISURE LAKES DR CHIPLEY, FL 32428 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JONES, BETTY J 5115 E 14TH ST LOT 14 SPRINGFIELD, FL 32401 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST ADCOCK, JANIS 4450 LEISURE LAKES DR CHIPLEY, FL 32428 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 05/14/07-80006-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janis Adcock Janis Adcock 4-26-07 850-773-5946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #