

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007728

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: WINGS OF LOVE MINISTRIES INC.

**Current Principal Place of Business:**

2429 W. ORLANDO RD.  
PANAMA CITY, FL 32404

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 938  
LYNN HAVEN, FL 32444

**New Mailing Address:**

FEI Number: 59-3733277      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Title: P      ( ) Delete  
Name: ADCOCK, JERRY A SR.  
Address: 9125 N.HOLLAND RD.  
City-St-Zip: SOUTHPORT, FL 32409

Title: V      ( ) Delete  
Name: ADCOCK, JANICE  
Address: 9125 N. HOLLAND RD.  
City-St-Zip: SOUTHPORT, FL 32409

Title: D      ( ) Delete  
Name: ADCOCK, DONALD E  
Address: 4450 LEISURE LAKES DR  
City-St-Zip: CHIPLEY, FL 32428

Title: D      ( ) Delete  
Name: JONES, BETTY J  
Address: 5115 E 14TH ST LOT 14  
City-St-Zip: SPRINGFIELD, FL 32401

Title: ST      ( ) Delete  
Name: ADCOCK, JANIS  
Address: 4450 LEISURE LAKES DR  
City-St-Zip: CHIPLEY, FL 32428

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: JERRY ADCOCK SR

P

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date