

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007728

FILED
May 01, 2011
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
Name: ADCOCK, JERRY A SR.
Address: 9125 N.HOLLAND RD.
City-St-Zip: SOUTHPORT, FL 32409

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

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

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

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

Title: D
Name: ADCOCK, JOHN M
Address: 12934 TIMBERCREST RD.
City-St-Zip: FOUNTAIN, FL 32438

I hereby 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 all other like empowered.

SIGNATURE: DONALD E. ADCOCK

DIRE

05/01/2011

Electronic Signature of Signing Officer or Director

Date