## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000006526

Entity Name: F.C.T. BROKEN WINGS, INC.

FILED Apr 21, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6501 WINFIELD BLVD

UNIT 56

MARGATE, FL 33063 US

Current Mailing Address: New Mailing Address:

P.O. BOX 9367

FORT LAUDERDALE, FL 33310 US

FEI Number: 14-1848130 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

UPSHAW, KAREN AD 11557 NW 45TH STREET

CORAL SPRINGS, FL 33065 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:** 

Title: [

Name: ALVIN, EMOGENE W

Address: 6501 WINFIELD BLVD., UNIT 56 City-St-Zip: MARGATE, FL 33063 US

Title: D

Name: ALVIN, KEVIN C

Address: 6501 WINFIELD BLVD., UNIT 56 City-St-Zip: MARGATE, FL 33063 US

Title: AD

Name: CUCHEL, FREDERICKA H
Address: 6501 WINFIELD BLVD., UNIT 56
City-St-Zip: MARGATE, FL 33063 US

Title: AD

Name: RAINNER, CRYSTAL F

Address: 6501 WINFIELD BLVD., UNIT 56
City-St-Zip: MARGATE, FL 33063 US

Title: AD

Name: UPSHAW, KAREN W

Address: 6501 WINFIELD BLVD., UNIT 56 City-St-Zip: MARGATE, FL 33063 US

Title: AD

Name: ALVIN, MARCUS T

Address: 6501 WINFIELD BLVD., UNIT 56 City-St-Zip: MARGATE, FL 33063 US

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: KAREN UPSHAW AD 04/21/2012