FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:44

DOCUMENT # N02175 (0)

1. Corporation Name
WINGS OF FAITH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3121 S.E. 144TH PL. P.O. BOX 1737, BELLEVIEW, 34421 SUMMERFIELD FL 34491 US	3121 S.E. 144TH PL. P.O. BOX 1737, BELLEVIEW, 34421 SUMMERFIELD FL 34491 US

3. Date Incorporated or Qualified: 03/26/1984
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-2451517 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, JAMES A.
3121 S.E. 144TH PLACE
SUMMERFIELD FL 34491

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE James A. Smith 3-3-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, JAMES A.	1.2 NAME		
STREET ADDRESS	3121 S.E. 144TH PLACE	1.3 STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	DAWES, RICHARD S.	2.2 NAME		
STREET ADDRESS	13872 S.E. 51ST COURT	2.3 STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD FL	2.4 CITY-ST-ZIP		
TITLE	DST	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, FRANCES W.	3.2 NAME		
STREET ADDRESS	3121 S.E. 144TH PL.	3.3 STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☒ Change ☐ Addition
NAME	HYDER, PATRICIA	4.2 NAME		
STREET ADDRESS	~~1541 S.E. 170TH STREET~~	4.3 STREET ADDRESS	10788 SW 155th STREET	
CITY-ST-ZIP	~~SUMMERFIELD FL~~	4.4 CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, JULIE	5.2 NAME		
STREET ADDRESS	13872 SE 51ST COURT	5.3 STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James A. Smith 3-3-95 904-2456098
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN Date Daytime Phone #

008634