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NONPROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Feb 06 1997 8:00am
Secretary of State

DOCUMENT # N02175   (0)

1. Corporation Name

WINGS OF FAITH, INC.

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 34491-2875 US

3. Date Incorporated or Qualified	3a. Date of Last Report
03/26/1984	04/05/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2451517	Applied For / Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _JAMES A. Smith_   _2-3-97_
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** ☐ DELETE	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** ☐ DELETE	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** ☐ DELETE	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** ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME **BABBITT, PATRICIA**	4.2 NAME	
STREET ADDRESS **11773 SE HWY 441**	4.3 STREET ADDRESS	
CITY-ST-ZIP **BELLEVIEW FL**	4.4 CITY-ST-ZIP	
TITLE **D** ☐ DELETE	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 ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: _Frances Smith_ (FRANCES) W. Smith 2-3-97   352-245-6098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone # 0066172