

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N02175 (0)**  
1. Corporation Name  
**WINGS OF FAITH, INC.**

Principal Place of Business <b>3121 S.E. 144TH PL. P.O. BOX 1737, BELLEVUE. 34421 SUMMERFIELD FL 34491 US</b>	Mailing Address <b>3121 S.E. 144TH PL. P.O. BOX 1737, BELLEVUE. 34421 SUMMERFIELD FL 34491 US</b>
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2. Principal Place of Business 21 <b>3121 SE 144TH PLACE</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>PO BOX 1737</b> Suite, Apt. #, etc.
City & State 23 <b>SUMMERFIELD FL</b> Zip 24 <b>34491</b>	City & State 28 <b>BELLEVUE FL</b> Zip 29 <b>34421</b>
Country 25 <b>MARION</b>	Country 30 <b>MARION</b>

9. Name and Address of Current Registered Agent <b>SMITH, JAMES A. 3121 S.E. 144TH PLACE SUMMERFIELD FL 34491</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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* **JAMES A. Smith** **2/2/98**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP SMITH, JAMES A. 3121 S.E. 144TH PLACE SUMMERFIELD FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAWES, RICHARD S. 13872 S.E. 51ST COURT SUMMERFIELD FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST SMITH, FRANCES W. 3121 S.E. 144TH PL. SUMMERFIELD FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BABBITT, PATRICIA 11773 SE HWY 441 BELLEVUE FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMITH, JULIE 13872 SE 51ST COURT SUMMERFIELD FL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 W. Smith* **FRANCES W. Smith** **2/2/98** **59-245-1517**



CR2E037 (10/97)