## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO2175

SUMMERFIELD FL

BABBITT, PATRICIA

11773 SE HWY 441

**13872 SE 51ST COURT** 

Summerfield fl

Belleview FL

SMITH, JULIE

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

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NAME

(0)

WINGS OF FAITH, INC.

## FILED Feb 09 1998 8:00am Secretary of State

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Principal Place of Business				Mailing Address						1 1891110		1801 17871	19661 641	WI WI WI WI	, g1811 VI	<b>711 418</b>	11 8 1811	1401
3121 S.E. 144TH PL.				3121 S.E. 144TH PL.					3.	Date Incor	porated o	or Qualif	ied					
P.O. BOX 1737, BELLEVIEW. 34421				P.O. BOX 1737. BELLEVIEW. 34421					03/26/1984									
SUMMERFIELD FL 34491				SUMMERFIELD FL 34491 US				4.	FEI Numbe						Apr	olied F	or	
										59-24	151517			/		Not	Appli	cable
2. Principal Pl	ace of Business	2a.	2a. Mailing Address				5	Certificate		Desirer	٠ [	/	\$8.7	75 A	ddition	nal		
21 31215E1441 PLACE				26 POBOX 1737						Oblimicato	·	Dosiroc			Fe	e Re	quired	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be									
22				27					Trust Fund Contribution Added to Fees									
23 Summer Field FL				City & State  28 Belleview FL					7. Is this nonprofit corporation a homeowners association?									
23 <b>ZUMM</b>	extield	Country	28	BELLEVI C		ountry				<b>T</b> 11								
24 344	91 25	MARION	29	3442)	30			BION	Ь В.	This corpo			•	_	ent yea ] Yes		ingibie No	1
9. Name and Address of Current Registered Agent								1.000	10.	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent								
		<u></u>		<b>7</b>	• • • • • • • • • • • • • • • • • • • •	81	П	Name										
SMITH, JAMES A.						82 Street Addre				O Day No		Int Anna	- ntable					
3121 S.E. 144TH PLACE						OZ Street Addre				7.O. BOX NU	mber is i	IOL ACCE	abranie)					
SUMMERFIELD FL 34491						83	T											
Volume	II REED I E OT	101				L.	L								TT	<del></del>		
						84		City						FL	85	Zip C	obe	
11. Pursuant t	to the provisions	abov	e-r	named corp	poratio	n submits th	ris staten	ent for	the purp	ose of	changi	ng its	regist	ered				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida statutes, the above-hamed 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 smaller with, and accept the obligations of Section 617.0503, Florida Statutes.												rea						
SIGNATURE	man		Z	/ コ	AM			A. S	a.	+6		c	ત્રે/ગ	198	,			
	Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registere													DATE				
12.	<u> </u>	OFFICERS AND I	DIREC	DELETE DELETE	13			ı	F	ADDITIONS	CHANGE	S 10 C	PFICER		DIHEC Chai			dition
TITLE	DP DELETE SMITH, JAMES A.					1,1 TITLE										iige	ЦΜ	XIIIOII
NAME						NAME												
STREET ADDRESS	•	144TH PLACE						DDRESS										
CITY-ST-ZIP	SUMMERFIELD FL DELETE					1.4 CITY-ST-ZIP 2.1 TITLE									Chai	nne	ПА	ddition
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						2.2 NAME 2.3 STREET ADDRESS								4				
1	SUMMERFI					STREET												
CITY-ST-ZIP	DST	LW FL		DELETE		TITLE	-10	- LAT							Chai	noe	T Ár	dition
NAME	SMITH, FR	ANCES W		C Deceip		NAME										- An		
STREET ADDRESS	3121 S.E.				8		(AC	DDRESS										

64 CITY-ST-ZIP

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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE: JAMES (1) In the Frances W 5. 46 2/28 25245-4098

CR2E037 (10/5

Change

Change

Change

Addition

☐ Addition

Addition