2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 03, 2000 8:00 am **DOCUMENT # N02175** Secretary of State WINGS OF FAITH, INC. 03-03-2000 90015 006 ****70.00 Mailing Address Principal Place of Business 3121 S.E. 144TH PL. PO BOX 1737 SUMMERFIELD FL 34491 SUMMERFIELD FL 34421-1737 3. Mailing Address POBOX 1737 2. Principal Place of Business BELLEVIEW FL 34421-1737 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2451517 BELLEVIEW Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 34421-1737 MARION 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent _Name_ Street Address (P.O. Box Number is Not Acceptable) SMITH, JAMES A. 3121 S.E. 144TH PLACE SUMMERFIELD FL 34421 City Zip Code 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **FILE NOW:** Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE ☐ Delete TITLE NAME SMITH, JAMES A. STREET ADDRESS 3121 S.E. 144TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUMMERFIELD FL 34491 ☐ Change Addition TITI F ☐ Delete TITLE DAWES, RICHARD S. NAME NAME STREET ADDRESS STREET ADDRESS 13872 S.E. 51ST COURT CITY-ST-ZIP CITY-ST-ZIP SUMMERFIELD FL 34491 DST ☐ Addition Delete TITLE ☐ Change TITLE SMITH, FRANCES W. NAME NAME STREET ADDRESS STREET ADDRESS 3121 S.E. 144TH PL. CITY-ST-7IP CITY-ST-ZIP SUMMERFIELD FL 34491 ☐ Delete TITLE TITLE X Change Addition BABBITT, PATRICIA NAME .12055 SE HWY 441 STREET ADDRESS STREET ADORES HAXXX SE HAAY 4441 CITY-ST-ZIP CITY-ST-ZIP BELLEVIEW FL 34420 ☐ Delete Change Addition TITLE NAME smith. Julie NAME STREET ADDRESS STREET ADDRESS **13872 SE 51ST COURT**

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

☐ Delete

SIGNATURE: FRANCES W. DEMITH

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SUMMERFIELD FL 34491

02-18-2000

352-245-6098

Daytime Phone #

Addition