2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005
Secretary of State

DOCUMENT# N02175

Entity Name: WINGS OF FAITH, INC.

Current Principal Place of Business:

3121 S.E. 144TH PL.
SUMMERFIELD, FL 34491 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 129
BELLEVIEW, FL 34421 US

New Mailing Address:

FEI Number: 59-2451517 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMITH, JAMES A.
3121 S.E. 144TH PLACE
SUMMERFIELD, FL 34421 US

Name and Address of New Registered Agent:

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

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: _____ 03/07/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SMITH, JAMES A.,
Address: 3121 S.E. 144TH PLACE
City-St-Zip: SUMMERFIELD, FL 34491

Title: D ( ) Delete
Name: DAWES, RICHARD S.,
Address: 13872 S.E. 51ST COURT
City-St-Zip: SUMMERFIELD, FL 34491

Title: DST ( ) Delete
Name: SMITH, FRANCES W.,
Address: 3121 S.E. 144TH PL.
City-St-Zip: SUMMERFIELD, FL 34491

Title: D ( ) Delete
Name: BABBITT, PATRICIA
Address: 12071 SE HWY 441
City-St-Zip: BELLEVIEW, FL 34420

Title: D ( ) Delete
Name: SMITH, JULIE,
Address: 13872 SE 51ST COURT
City-St-Zip: SUMMERFIELD, FL 34491

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BABBITT, PATRICIA
Address: 12115 NE HWY 314
City-St-Zip: SILVER SPRINGS, FL 34488

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCES W. SMITH DST 03/07/2005
Electronic Signature of Signing Officer or Director — Date