

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 AUG 26 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N03000001891

1. Entity Name  
WINGS ACADEMY, INC.



Principal Place of Business  
P.O. BOX 48367  
SARASOTA, FL 34230-5367

Mailing Address  
P.O. BOX 48367  
SARASOTA, FL 34230-5367

05/03/04 90410 005 2000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08242004 Chg-NP CR2E037 (10/03)

4. FEI Number 91-2187220

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEFFIELD, ALENE  
2706 N OSPREY AVE  
SARASOTA, FL 34234

7. Name and Address of New Registered Agent

Name Willie Mae Sheffield

Street Address (P.O. Box Number is Not Acceptable)

2706 N. Osprey Avenue

City Sarasota

FL Zip Code 34234

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. I am familiar with and accept the obligations of registered agent.

SIGNATURE

*Willie Mae Sheffield*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/04

Filing Fee is \$61.25  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	SHEFFIELD, WILLIE M	
STREET ADDRESS	P.O. BOX 48367	
CITY-ST-ZIP	SARASOTA, FL 34230	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHEFFIELD, ALENE	
STREET ADDRESS	P.O. BOX 48367	
CITY-ST-ZIP	SARASOTA, FL 342305367	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEASLEY, GLORIA	
STREET ADDRESS	P.O. BOX 48367	
CITY-ST-ZIP	SARASOTA, FL 342305367	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PACK, MARCIA	
STREET ADDRESS	P.O. BOX 48367A	
CITY-ST-ZIP	SARASOTA, FL 34230	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHAs, Tony G	
STREET ADDRESS	1814 Main Street #1100	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maulsby, Jeff	
STREET ADDRESS	1090 Euclid Avenue	
CITY-ST-ZIP	Sarasota, FL 34237	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eddie, Shellie	
STREET ADDRESS	4409 Mc Intosh Park Drive #205	
CITY-ST-ZIP	Sarasota, FL 34237	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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.

SIGNATURE:

*Willie Mae Sheffield*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 9411 374-3911

Date Daytime Phone #