

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90076 010 ****61.25

DOCUMENT # N04000004186

1. Entity Name
WINGS OF LIFE - SOUTH FLORIDA, INC.



Principal Place of Business
**11000 SW 220TH ST.
MIAMI, FL 33170**

Mailing Address
**11000 SW 220TH ST.
MIAMI, FL 33170**

4007602



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

20-0954347

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HULL, DAVID
225 WATER ST., STE. 1800
JACKSONVILLE, FL 32202**

Name

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

City

FL

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
PARKER, DIANA
601 BRICKELL KEY DR, STE 600
MIAMI, FL 33131** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
Jim O'Reilly
27925 SW 165th Ave.
Homestead, FL 33031** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
STANDER, O B
5915 BENJAMIN CENTER DRIVE
TAMPA, FL 33634** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Jenny Priestly
19500 SW 134th Ct.
MIAMI, FL 33177** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
ESTREEN, JUDY ESQ
5915 BENJAMIN CENTER DR
TAMPA, FL 33684** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Deidre Rios
10300 Sunset Dr. #135
MIAMI, FL 33173** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MIGUEZ, MARGARITA
200 SOUTH BISCAYNE BLVD, # 40000
MIAMI, FL 33131** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Sigrid Edwards
PO Box 3141
Tampa, FL 33601** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/07 813-887-3300

Date

Daytime Phone #