

008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N04000010556

1. Entity Name

WINGS OF LOVE WORSHIP CENTER AND OUTREACH
MINISTRIES, INC.



Principal Place of Business

3092 HAVENDALE BLVD
WINTER HAVEN FL 33881

Mailing Address

PO BOX 7571
WINTER HAVEN FL 33883-7571

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

20-1864409

☒ Applied For

☐ Not Applicable

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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Cashier's Official Check
Make Check Payable to
Florida Department of State
#692747901 - 70.00

10. OFFICERS AND DIRECTORS

TITLE DPST ☐ Delete
NAME ALLEN, SANDRA
STREET ADDRESS 3092 HAVENDALE BLVD
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE D ☐ Delete
NAME ALLEN, CALVIN E
STREET ADDRESS 3092 HAVENDALE BLVD
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE D ☐ Delete
NAME ALLEN, CALVIN E
STREET ADDRESS 3092 HAVENDALE BLVD
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000911923
CITY-ST-ZIP 05/07/08-80059-016 70.00

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

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

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

Sandra Allen - Sandra Allen 4/9/2008