

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010556

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** WINGS OF LOVE WORSHIP CENTER AND OUTREACH MINISTRIES, INC.

**Current Principal Place of Business:**

3092 HAVENDALE BLVD  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7571  
WINTER HAVEN, FL 338837571

**New Mailing Address:**

**FEI Number:** 20-1864409

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DPST  
**Name:** ALLEN, SANDRA  
**Address:** 3092 HAVENDALE BLVD  
**City-St-Zip:** WINTER HAVEN, FL 33881

**Title:** D  
**Name:** ALLEN, CALVIN E  
**Address:** 3092 HAVENDALE BLVD  
**City-St-Zip:** WINTER HAVEN, FL 33881

**Title:** D  
**Name:** ALLEN, CALVIN T  
**Address:** 3092 HAVENDALE BLVD  
**City-St-Zip:** WINTER HAVEN, FL 33881

I hereby 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 all other like empowered.

**SIGNATURE:** SANDRA L.ALLEN

DPST

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date