

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007930

FILED  
Apr 09, 2008  
Secretary of State

Entity Name: WINGS OF PEACE INTERNATIONAL. INC.

**Current Principal Place of Business:**

116 AVERY LAKE DRIVE  
WINTER SPRINGS, FL 32708 US

**New Principal Place of Business:**

**Current Mailing Address:**

116 AVERY LAKE DRIVE  
WINTER SPRINGS, FL 32708 US

**New Mailing Address:**

FEI Number: 83-0436404

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VERCHOT, BARBARA E  
116 AVERY LAKE DRIVE  
WINTER SPRINGS, FL 32708 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: PD ( ) Delete  
Name: VERCHOT, BARBARA E  
Address: 116 AVERY LAKE DRIVE  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: SD ( ) Delete  
Name: MOORE, LENNON  
Address: 1321 MAGNOLIA AVE  
City-St-Zip: WINTER PARK, FL 32789 US

Title: TD ( ) Delete  
Name: BLACKBURN, CHARLOTTE R  
Address: 3001 EAGLE BLVD  
City-St-Zip: ORLANDO, FL 32804 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TD (X) Change ( ) Addition  
Name: BURLESON-WEBB, CAROLYN  
Address: 611 EAST CONCORD ST  
City-St-Zip: ORLANDO, FL 32803 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BARBARA E. VERCHOT

PD

04/09/2008

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

\_\_\_\_\_  
Date