

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008353

FILED
Sep 06, 2006
Secretary of State

Entity Name: WINGS OF LOVE HIV/AIDS EDUCATION & TESTING INC.

Current Principal Place of Business:

1031 31 ST N.W.
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

1031 31 ST N.W.
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 04-3813749 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HARRIS, PAMELA S
1031 31ST N.W.
WINTER HAVEN, FL 33881 US

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: CHA () Delete
Name: HARRIS, PAMELA S
Address: 1031 31 ST N.W.
City-St-Zip: WINTER HAVEN, FL 33881 PO

Title: VC () Delete
Name: HOWELL, DAVID C
Address: 1031 31 ST N.W.
City-St-Zip: WINTER HAVEN, FL 33881 PO

Title: SEC () Delete
Name: DEWDNEY, DIANE E
Address: 1711 BROXEY CT N.E.
City-St-Zip: WINTER HAVEN, FL 33880 PO

Title: TREA () Delete
Name: MILLER, CLEOSTER J
Address: 1031 31ST N.W.
City-St-Zip: WINTER HAVEN, FL 33881 PO

Title: MEM () Delete
Name: SCAIFE, WILLIE D
Address: 714 EUCLID AVE
City-St-Zip: LAKE WALE, FL 33853 PO

Title: MEM () Delete
Name: REID, JAREE D
Address: 1031 31ST N.W.
City-St-Zip: WINTER HAVEN, FL 33881 PO

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PAMELA HARRIS

CHA

09/06/2006

Electronic Signature of Signing Officer or Director

Date