

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008353

FILED
May 20, 2009
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 US

New Principal Place of Business:

Current Mailing Address:

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

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:

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

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

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

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

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

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

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

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

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: PAMELA S HARRIS

CHA

05/20/2009

Electronic Signature of Signing Officer or Director

Date