2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2010
Secretary of State

DOCUMENT# N05000008353

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
Name: HARRIS, PAMELA S
Address: 1031 31 ST N.W.
City-St-Zip: WINTER HAVERN, FL 33881 US

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

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

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

Title: MEM
Name: BROWN, NICOLE
Address: 5820 ROYAL HILL
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: PAMELA HARRIS CHA 05/18/2010

Electronic Signature of Signing Officer or Director Date