

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008353

FILED
Apr 29, 2011
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 ()

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:

MILLER, 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: PAMELA S MILLER

04/29/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHA
Name: MILLER, PAMELA S
Address: 1031 31 ST N.W.
City-St-Zip: WINTER HAVEN, 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: REID, JAREE
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 S MILLER

CHA

04/29/2011

Electronic Signature of Signing Officer or Director

Date