

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000738

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** WINGS OF FAITH CHRISTIAN WORSHIP CENTER, INC.

**Current Principal Place of Business:**

1315 GARWOOD AVENUE  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

1315 GARWOOD AVENUE  
SEBRING, FL 33870

**New Mailing Address:**

**FEI Number:** 86-1115403

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HARRIS, PRINCETON  
630 CORVETTE DR  
SEBRING, FL 33872 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: DP ( ) Delete  
Name: SHANNON, ROBERT  
Address: 1406 LUCAS DR  
City-St-Zip: SEBRING, FL 33870

Title: DV ( ) Delete  
Name: KNIGHT, TINA  
Address: 2741 DIXON RD  
City-St-Zip: AVON PARK, FL 33825

Title: DS ( ) Delete  
Name: ROBINSON, GILDA  
Address: 3921 CRAIG AVE  
City-St-Zip: SEBRING, FL 33870

Title: DT ( ) Delete  
Name: HARRIS, PRINCETON  
Address: 630 CORVETTE DR  
City-St-Zip: SEBRING, FL 33872

**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:

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: GILDA ROBINSON

TREA

04/20/2009

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

\_\_\_\_\_  
Date