

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000000738

**FILED**  
**Jan 25, 2011**  
**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:**

P.O BOX 1227  
SEBRING, FL 33871

**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  
**Name:** SHANNON, ROBERT  
**Address:** 1406 LUCAS DR  
**City-St-Zip:** SEBRING, FL 33870

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

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

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

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:** GILDA ROBINSON

TREA

01/25/2011

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

\_\_\_\_\_  
Date