

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004254

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: WINGS OF DREAMS INC.

**Current Principal Place of Business:**

7100 AIRPORT RD.  
STARKE, FL 32091 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 357071  
GAINESVILLE, FL 32635 US

**New Mailing Address:**

FEI Number: 65-1284395      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KING, SUSAN K  
7100 AIRPORT ROAD  
STARKE, FL 32091 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: PSTD ( ) Delete  
Name: KING, SUSAN K  
Address: P.O. BOX 357071  
City-St-Zip: GAINESVILLE, FL 32635

Title: VPD ( ) Delete  
Name: OEHL, ROBERT A  
Address: 5005 NW 119TH ST  
City-St-Zip: GAINESVILLE, FL 32653

Title: D ( ) Delete  
Name: KINTZ, DAVID LEE  
Address: 1151 BADEN POWELL RD  
City-St-Zip: HAWTHORNE, FL 32640

Title: D ( ) Delete  
Name: POTAPOW, MICHAEL G JR.  
Address: 3936 SW 89TH DR  
City-St-Zip: GAINESVILLE, FL 32608

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: KIUNTZ, DAVID LEE  
Address: 1151 BADEN POWELL RD  
City-St-Zip: HAWTHORNE, FL 32640

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: SUSAN K. KING

PSTD

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date