

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004254

FILED
Apr 29, 2011
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
Name: KING, SUSAN K
Address: P.O. BOX 357071
City-St-Zip: GAINESVILLE, FL 32635 US

Title: VPD
Name: OEHL, ROBERT A CAPT.
Address: 5005 NW 119TH ST
City-St-Zip: GAINESVILLE, FL 32653 US

Title: D
Name: BRIGGS, ROBERT
Address: 499 GOLDEN POND CT.
City-St-Zip: ST. JOHNS, FL 32259 US

Title: D
Name: MCINTYRE, TOM CAPT.
Address: P.O. BOX 229
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

Title: D
Name: SMITH, MARTIN
Address: 1564 MISTY LAKE DRIVE
City-St-Zip: FLEMING ISLAND, FL 32023 US

Title: D
Name: ASHLEY, GREGORY
Address: P.O. BOX 610
City-St-Zip: WALDO, FL 32694

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: SUSAN K KING

PSTD

04/29/2011

Electronic Signature of Signing Officer or Director

Date