2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2007
Secretary of State

DOCUMENT# N06000008613

Entity Name: ROOTS AND WINGS FOUNDATION, INC.

Current Principal Place of Business:

8399 SW 60TH COURT
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

8399 SW 60TH COURT
OCALA, FL 34476

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMPSON, JIM
8399 SW 60TH COURT
OCALA, FL 34476 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:	PD	( ) Delete
Name:	THOMPSON, JIM	
Address:	8399 SW 60TH COURT	
City-St-Zip:	OCALA, FL 34476	
Title:	VD	( ) Delete
Name:	CHINARIS, TIM	
Address:	1005 EMERALD MTN. PKWY	
City-St-Zip:	WETUMPKA, AL 36093	
Title:	D	( ) Delete
Name:	CHINARIS, TRACIE	
Address:	1005 EMERALD MTN. PKWY	
City-St-Zip:	WETUMPKA, AL 36093	
Title:	S	( ) Delete
Name:	THOMPSON, RENIA	
Address:	8399 SW 60TH COURT	
City-St-Zip:	OCALA, FL 34476	
Title:	D	( ) Delete
Name:	NEELEY, WILLIAM	
Address:	P.O. BOX 2038	
City-St-Zip:	GRUNDY, VA 24614	
Title:	D	( ) Delete
Name:	SMALLWOOD, BRIAN	
Address:	10510 SW 47TH AVE.	
City-St-Zip:	OCALA, FL 34474	

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:	
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: JIM THOMPSON PD 07/08/2007
Electronic Signature of Signing Officer or Director — Date