

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

DOCUMENT# N06000010693

**FILED**  
**Jan 26, 2011**  
**Secretary of State**

**Entity Name:** WINGS OF HOPE FOR ADOLESCENT THYROID AWARENESS INC.

**Current Principal Place of Business:**

242 SAND PINE RD.  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

126 MARTIN STREET  
INDIAN HARBOUR BEACH, FL 32937

**Current Mailing Address:**

242 SAND PINE RD.  
INDIALANTIC, FL 32903

**New Mailing Address:**

126 MARTIN STREET  
INDIAN HARBOUR BEACH, FL 32937

**FEI Number:** 20-5714693

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEDLOW, PAMELA J  
242 SAND PINE RD.  
INDIALANTIC, FL 32903 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:** P  
**Name:** PEDLOW, MARGARETH C  
**Address:** 126 MARTIN STREET  
**City-St-Zip:** INDIAN HARBOUR BEACH, FL 32937

**Title:** VP  
**Name:** FLEMING, DYLAN M  
**Address:** 126 MARTIN STREET  
**City-St-Zip:** INDIAN HARBOUR BEACH, FL 32937

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:** MARGERETH PEDLOW

P

01/26/2011

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

\_\_\_\_\_  
Date