# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 09, 2009**
**Secretary of State**

DOCUMENT# N07000003353

**Entity Name:** WINGS OF LOVE INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

1305 NORTHWEST 5TH AVENUE
FLORIDA CITY, FL 33034

**New Principal Place of Business:**

**Current Mailing Address:**

1305 NORTHWEST 5TH AVENUE
FLORIDA CITY, FL 33034

**New Mailing Address:**

**FEI Number: 65-1303304** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

TILLMAN, SYLVIA
1305 NORTHWEST 5TH AVENUE
FLORIDA CITY, FL 33034 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: | D | ( ) Delete |
| Name: | TILLMAN, SYLVIA | |
| Address: | 1305 NORTHWEST 5TH AVENUE | |
| City-St-Zip: | FLORIDA CITY, FL 33034 | |
| Title: | D | ( ) Delete |
| Name: | BLAKE, SEDRICK | |
| Address: | 14601 SOUTHWEST 297TH STREET | |
| City-St-Zip: | HOMESTEAD, FL 33030 | |
| Title: | S | ( ) Delete |
| Name: | TILLMAN, MARGARET | |
| Address: | 1305 NORTHWEST 5TH AVENUE | |
| City-St-Zip: | FLORIDA CITY, FL 33034 | |
| Title: | T | ( ) Delete |
| Name: | WELLS, AVANEL | |
| Address: | 15920 SOUTHWEST 302ND TERRACE | |
| City-St-Zip: | HOMESTEAD, FL 33030 | |

**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: | |

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: SYLVIA TILLMAN DIR. 02/09/2009

Electronic Signature of Signing Officer or Director — Date