## FILED Apr 28, 2008 8:00 am Secretary of State

## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

	ANNUAL REPORT					04-28-2008 90377 045 ****70.00			
DOCUMENT # N0700004258  1. Entity Name WINGS OF LOVE OUTREACH MINISTRY, INC.									
		B		8004	6130				
	ce of Business 7 CT #C-109 L 33319	Mailing Address PO BOX 450382 SUNRISE, FL 33345	) BOX 450382		400				
				•			iji <b>26</b> )ii <b>6</b> 0)ii 60)ii 512 ii 1120 6146		
2. Principal ( 5760 A Suite, Apt	Place of Business - No P.O. Box #	3. Mailing Address	ailing Address Suite, Apt. #, etc.						
Suite, Apr	#B-106	Strite, Apr. #, etc.			01302008	Chg-NP	CR2E037 (12/06)	)	
City & Sta	- ^ F /	City & State	Vity & State		4. FEI Number 80-03	4141	<i>(</i> ) $\mapsto$	Applied For Not Applicable	
3331	G Country Zip Co		Country		5. Certificate of	Status Desired	\$8.75 A Fee Requi	dditional red	
	6. Name and Address of Current	Registered Agent	Name		7. Name and A	ddress of New	Registered Agent		
HARRIS, KIM 5943 NW 57 CT #C-109				Street Address (P.O. Box Number is Not Acceptable)					
TAMARAC, FL 33319							<del></del>		
			City		<del></del>		FL Zip Co	юе	
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.									
V. 410									
SIGNATURE Signature, typed or ornitisd name of registered agent and bits it applicable. (NOTE: Registered Agent signature reducted when reinstating).  DATE									
	Filing Fee is \$61.25	9. Election Camp	paign Financing		\$5.00 May Be		Make check payable:	to	
	Due by May 1, 2008	Trust Fund Co	ontribution.		Added to Fees		rida Department of S		
10.	OFFICERS AND DIR		11.	A	DDITIONS/CHAN	GES TO OFFICE	RS AND DIRECTORS I		
TITLE NAME	HARRIS, KIM	☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	PO BOX 450382 SUNRISE, FL 33345		STREET ADDRESS CITY-ST-ZIP	S .					
TITLE	V 33345	☐ Delete	TITLE	1			☐ Change	Addition	
NAME	NESMITH, MAXINE	Done	NAME				change	∴ veninou	
STREET ADDRESS CITY-ST-ZIP	3101 NW 47TH TER #121 LAUDERDALE LAKES, FL 33319		STREET ADDRESS CITY-ST-ZIP	5					
TITLE	ST ST	Crelete	TITLE			· · - · · · · ·	Change		
NAME	ROBBINS, ENID	La Desett	NAME					Addition	
STREET ADDRESS CITY-ST-ZIP	4200 NW 3RD ST #237 PLANTATION, FL 33317		STREET ADDRESS	420	o Nu	) DVO	court #	<b>23</b> /	
TITLE	FEANTATION, FE 33317	□ Delete	TITLE	<del> </del>			☐ Change	Addition	
NAME		La Deigle	NAME				onarige	Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP	1	<del></del>		☐ Change	Addition	
NAME		L Delete	NAME				□ crange	☐ Addition	
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NAME		Details	NAME	ŀ				☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
	certify that the information supplied with t	his filing does not qualify for t		contained i	n Chapter 119 Fi	orida Statutes I	further certify that the i	nformation	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JUNE OF SIGNING OFFICER OR DIRECTOR									
	MANAGE AND LIFED UN PR	JI GOMMO OFFICER OF			=	-	Daytime Phone #		