

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004258

FILED  
Mar 29, 2009  
Secretary of State

Entity Name: WINGS OF LOVE OUTREACH MINISTRY, INC.

## Current Principal Place of Business:

5760 NW 60 AVE  
#B-106  
FORT LAUDERDALE, FL 33319

## New Principal Place of Business:

5760 NW 60 AVE  
#B-106  
TAMARAC, FL 33319

## Current Mailing Address:

PO BOX 450382  
SUNRISE, FL 33345

## New Mailing Address:

FEI Number: 20-0241410      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HARRIS, KIM  
5943 NW 57 CT #C-109  
TAMARAC, FL 33319 US

## Name and Address of New Registered Agent:

HARRIS, KIM  
5760 NW 60 AVE  
B-106  
TAMARAC, FL 33319 US

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: KIM HARRIS

03/29/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HARRIS, KIM  
Address: PO BOX 450382  
City-St-Zip: SUNRISE, FL 33345

Title: V ( ) Delete  
Name: NESMITH, MAXINE  
Address: 3101 NW 47TH TER #121  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: ST ( ) Delete  
Name: ROBBINS, ENID  
Address: 4200 NW 3RD COURT #237  
City-St-Zip: PLANTATION, FL 33317

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: DAVIS, ENID  
Address: 4200 NW 3RD COURT #237  
City-St-Zip: PLANTATION, FL 33317

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: ENID DAVIS

ST

03/29/2009

Electronic Signature of Signing Officer or Director

Date