

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90166 028 ****70.00

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| | | | | | |
|--|-----------------------------|--|--|--|-----------------------------------|
| DOCUMENT # N07000011927 | | | |  | |
| 1. Entity Name WINGS OF LOVE CHURCH OF GOD OF PROPHECY, INC. | | | | | |
| Principal Place of Business 3361 BELVEDERE ROAD SUITE H WEST PALM BEACH, FL 33406 | | | Mailing Address 3361 BELVEDERE ROAD SUITE H WEST PALM BEACH, FL 33406 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 06-1833316 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MULLINGS, LEWELLYN 635 CLEAR LAKE AVENUE WEST PALM BEACH, FL 33401 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee Is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MULLINGS, LEWELLYN | | NAME | | |
| STREET ADDRESS | 635 CLEAR LAKE AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33401 | | CITY-ST-ZIP | | |
| TITLE | APTD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MULLINGS, LINDA | | NAME | | |
| STREET ADDRESS | 635 CLEAR LAKE AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33401 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | JOHNSON, CARLENE | | NAME | | |
| STREET ADDRESS | 8205 BELVEDERE RD, APT. 304 | | STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33411 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DOUGLAS, HENRY | | NAME | | |
| STREET ADDRESS | 1445 BRAMPTON COVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | WELLINGTON, FL 33414 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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 or 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: <i>Lewellyn Mullings</i> | | | 4-28-08 | | (561) 324-5622 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |