2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N07000011927

Entity Name: WINGS OF LOVE CHURCH OF GOD OF PROPHECY, INC.

Current Principal Place of Business:

3361 BELVEDERE ROAD
SUITE H
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

3361 BELVEDERE ROAD
SUITE H
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 06-1833316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MULLINGS, LEWELLYN
635 CLEAR LAKE AVENUE
WEST PALM BEACH, FL 33401 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: PD ( ) Delete
Name: MULLINGS, LEWELLYN
Address: 635 CLEAR LAKE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: APTD ( ) Delete
Name: MULLINGS, LINDA
Address: 635 CLEAR LAKE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: SD ( ) Delete
Name: JOHNSON, CARLENE
Address: 8205 BELVEDERE RD, APT. 304
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D ( ) Delete
Name: DOUGLAS, HENRY
Address: 1445 BRAMPTON COVE
City-St-Zip: WELLINGTON, FL 33414

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: LEWELLYN MULLINGS PRES 04/13/2009

Electronic Signature of Signing Officer or Director — Date