

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004007

FILED
Feb 10, 2009
Secretary of State

Entity Name: GROWING WINGS, INC.

Current Principal Place of Business:

3949 EVANS AVENUE
SUITE 205
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

3949 EVANS AVENUE
SUITE 205
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 30-0480135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SENERAT, VASANTA
3949 EVANS AVENUE
SUITE 205
FORT MYERS, FL 33901 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: KENNEDY, DICK
Address: 5853 PINE TRE DRIVE
City-St-Zip: SANIBEL, FL 33957

Title: S () Delete
Name: WORKMAN, JUDY
Address: 3949 EVANS AVENUE, SUITE 205
City-St-Zip: FORT MYERS, FL 33901

Title: T () Delete
Name: SENERAT, VASANTA
Address: 3949 EVANS AVENUE, SUITE 205
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: GERARD, ELLEN
Address: 5810 HARBOUR CIRCLE
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: GERARD, RON
Address: 5810 HARBOUR CIRCLE
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: KENNEDY, NANCY
Address: 5853 PINE TREE DRIVE
City-St-Zip: SANIBEL, FL 33957

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:

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: VASANTA SENERAT, CPA

T

02/10/2009

Electronic Signature of Signing Officer or Director

Date