

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90575 030 ****61.25

DOCUMENT # N42275

1. Entity Name

WINGS OF DELIVERANCE GOSPEL MINISTRY, INC.



Principal Place of Business

2273 COMMONWEALTH AVE.
JACKSONVILLE FL 32209-6977

Mailing Address

2273 COMMONWEALTH AVE.
JACKSONVILLE FL 32209-6977

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3185913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NICHOLAS, THELMA
3631 EFFEE ST.
JACKSONVILLE FL 32209

7. Name and Address of New Registered Agent

Name

the same

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME NICHOLAS, THELMA
STREET ADDRESS 3631 EFFEE ST.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE DS
NAME FORD, PEGGY
STREET ADDRESS 3631 EFFEE ST.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE D
NAME WEST, ROBERT
STREET ADDRESS 1415 W. 15TH ST. APT. B
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE DT
NAME NICHOLAS, JAMES O
STREET ADDRESS 6819 PERRY ST
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE D
NAME NICHOLAS, MELVIN
STREET ADDRESS 1961 W 26TH ST
CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Thelma Nicholas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-04 (904) 768-4680

Date

Daytime Phone #