

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42275

FILED
Mar 14, 2009
Secretary of State

Entity Name: WINGS OF DELIVERANCE GOSPEL MINISTRY, INC.

Current Principal Place of Business:

2273 COMMONWEALTH AVE
JACKSONVILLE, FL 322096977

New Principal Place of Business:

Current Mailing Address:

2273 COMMONWEALTH AVE.
JACKSONVILLE, FL 322096977

New Mailing Address:

FEI Number: 59-3185913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLAS, THELMA
3631 EFFEE ST.
JACKSONVILLE, FL 32209 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: D () Delete
Name: NICHOLAS, THELMA
Address: 3631 EFFEE ST.
City-St-Zip: JACKSONVILLE, FL

Title: DS () Delete
Name: FORD, PEGGY
Address: 3631 EFFEE ST.
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: WEST, ROBERT
Address: 1415 W. 15TH ST. APT. B
City-St-Zip: JACKSONVILLE, FL

Title: DT () Delete
Name: NICHOLAS, JAMES O
Address: 6819 PERRY ST
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: NICHOLAS, MELVIN
Address: 1961 W 26TH ST
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NICHOLAS, THELMA
Address: 3631 EFFEE ST.
City-St-Zip: JACKSONVILLE, FL

Title: S (X) Change () Addition
Name: FORD, PEGGY
Address: 3631 EFFEE ST.
City-St-Zip: JACKSONVILLE, FL

Title: VPT (X) Change () Addition
Name: WEST, ROBERT
Address: 2054 SPRINKLE DR
City-St-Zip: JACKSONVILLE, FL 32211

Title: MGRM (X) Change () Addition
Name: NICHOLAS, JAMES O
Address: 6819 PERRY ST
City-St-Zip: JACKSONVILLE, FL

Title: D (X) Change () Addition
Name: NICHOLAS, MELVIN
Address: 962 ONTARIO ST
City-St-Zip: JACKSONVILLE, FL 32254

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: THELMA NICHOLAS

PD

03/14/2009

Electronic Signature of Signing Officer or Director

Date