FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1995 APR 27 PM 12:53

DOCUMENT # N47222

1. Corporation Name

WINGS OF PRAISE, INC.

Principal Place of Business	Mailing Address
105 West 50th Street Hialeah, FL 33012	105 West 50th Street Hialeah, FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/92
3a. Date of Last Report: 04/14/1993
4. FEI Number: 65-0322798 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1225 N.E. 150 Street	26 1225 N.E. 150 Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: No. Miami, FL	28 City & State: No. Miami, FL
24 Zip: 33161 25 Country: Dade	29 Zip: 33161 30 Country: Dade

9. Name and Address of Current Registered Agent

HIRSCH, CRISTINE
1225 N.E. 150 Street
North Miami, FL 33161

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	☐ Change ☐ Addition
NAME	HIRSCH, CRISTINE	12 NAME	10000147059 1
STREET ADDRESS	1225 N.E. 150 Street	13 STREET ADDRESS	-05/02/95--01064--007
CITY-ST-ZIP	North Miami, FL	14 CITY-ST-ZIP	*****70.00 *****70.00
TITLE	V/P/T	21 TITLE	☐ Change ☐ Addition
NAME	FINCH, GLENN H. R.	22 NAME	
STREET ADDRESS	105 W. 50 Street	23 STREET ADDRESS	
CITY-ST-ZIP	Hialeah, FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	E/D ☒ Change ☐ Addition
NAME		32 NAME	ZULUETA, JOSEPH T.
STREET ADDRESS		33 STREET ADDRESS	19240 Bob-O-Link Drive
CITY-ST-ZIP		34 CITY-ST-ZIP	Miami, FL
TITLE	D/M	41 TITLE	☒ Change ☐ Addition
NAME	MEIER, RICHARD R.	42 NAME	
STREET ADDRESS		43 STREET ADDRESS	19770 Cypress Court
CITY-ST-ZIP		44 CITY-ST-ZIP	Hialeah, FL
TITLE	C	51 TITLE	☐ Change ☐ Addition
NAME	Perez, Mario	52 NAME	
STREET ADDRESS	330 N.W. 99 Way	53 STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines, FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	2nd ☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	4-27

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cristina Hirsch (Cristina Hirsch) 4/13/95 (305)823-1262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #