FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N47222

1. Corporation Name

WINGS OF PRAISE, INC.

Principal Place of Business	Mailing Address
7390 N.W. 48 PLACE LAUDERHILL, FL 33319	7390 NW. 48 PLACE LAUDERHILL, FL 33319

3. Date Incorporated or Qualified: 02/07/92
3a. Date of Last Report: 4/13/95

2. Principal Place of Business
21: 7390 NW. 48 PLACE
22: Suite, Apt. #, etc
23: City & State: LAUDERHILL, FL
24: Zip: 33319 25: Country: USA

2a. Mailing Address
26: 7390 N W. 48 PLACE
27: Suite, Apt. #, etc
28: City & State: LAUDERHILL, FL
29: Zip: 33319 30: Country: USA

4. FEI Number: 65-0332798 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HIRSCH, CRISTINE
7390 N. W. 48 PLACE
LAUDERHILL, FL 33319

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 617.0502 and 617.1508, 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 617.0503, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S HIRSCH, CRISTINE 7390 N.W. 48 PLACE LAUDERHILL, FL 33314	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 7390 N.W. 48 PLACE LAUDERHILL, FL 33319
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/T FINCH, GLENN H. R.	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition 18401 TURNING POINT DRIVE LUTZ, FL 33549
TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	ZULUETA, JOSEPH T 19240 BOB-O-LINK DRIVE MIAMI, FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	PEREZ, MARIO 330 N.W. 99 WAY PEMBROKE PINES, FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition 400001818864 -05/13/96--01058--016 ***61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEIER, RICHARD R.	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	ROBERT D. RUSHWORTH 430 LOCH DEVON DRIVE LUTZ, FL 33549-4200	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☒ Addition ROBERT RUSHWORTH 5-1-96 OK

CR2E037 (12/95)

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)(k), 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: Cristine Hirsch (CRISTINE HIRSCH) 4/21/96 (954) 748-8460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #