


FILED  
May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED May 16 1997 8:00a Secretary of State	
DOCUMENT # N47222					
1. Corporation Name Wings of Praise, Inc.					
Principal Place of Business 464 N.W. 93 AVENUE CORAL SPRINGS, FL 33071			Mailing Address 464 N.W. 93 AVENUE CORAL SPRINGS, FL 33071		
2. Principal Place of Business 21 464 N.W. 93 AVENUE Suite, Apt. #, etc.		2a. Mailing Address 26 464 N.W. 93 AVENUE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/07/92	
22 City & State 23 CORAL SPRINGS, FL 24 Zip 33071 25 Country USA		27 City & State 28 CORAL SPRINGS, FL 29 Zip 33071 30 Country USA		3a. Date of Last Report 4/21/96	
9. Name and Address of Current Registered Agent HIRSCH, CRISTINE 464 N.W. 93 AVENUE CORAL SPRINGS, FL 33071		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					
14. I do 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 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: _____ DATE: 2/19/97 (954) 255-8141					