

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90129 001 ****61.25

DOCUMENT # N51413

1. Entity Name

WINGS: WOMEN IN NEED OF GROWTH SERVICES, INC.



Principal Place of Business

~~1037 GUAVA DR~~
~~NAPLES FL 34112~~
~~US~~
moved to:

Mailing Address

1919 E CROWN POINTE DR
NAPLES FL 34112

2. Principal Place of Business

1303 Delmar Lane

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples, Florida

City & State

4. FEI Number **65-0375754**

Applied For

Not Applicable

Zip **34104** Country **Collier**

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GASVODA, JEAN
1919 E CROWN POINTE DR
NAPLES FL 34112

7. Name and Address of New Registered Agent

Name

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

Jean Gasvoda

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

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** ☒ Delete
NAME **PAINTER, DALE**
STREET ADDRESS **2654 KINGS LAKE BLVD**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **D** ☐ Delete
NAME **GASVODA, JEAN**
STREET ADDRESS **1919 E CROWN POINTE DR**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **D** ☒ Delete
NAME **PACKARD, PENNY**
STREET ADDRESS **574 108TH AVEN**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **SD** ☐ Delete
NAME **OSBORNE, MARGOT**
STREET ADDRESS **11770 NIGHT HEREN DR**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P-D** ☒ Change ☐ Addition
NAME *Jean Gasvoda*
STREET ADDRESS *1919 E. Crown Pointe Blvd.*
CITY-ST-ZIP *Naples, FL 34112*

TITLE **S-D** ☐ Change ☐ Addition
NAME *Margot Osborne*
STREET ADDRESS *11770 Night Heron Dr*
CITY-ST-ZIP *Naples, FL 34119*

TITLE **D** ☐ Change ☒ Addition
NAME *Maryann Duval*
STREET ADDRESS *1101 Egret Walk Circle #102*
CITY-ST-ZIP *Naples, FL 34108*

TITLE **D** ☐ Change ☒ Addition
NAME *Suzanne Herman*
STREET ADDRESS *5881 Golden Gate Hwy.*
CITY-ST-ZIP *Naples, FL 34116*

TITLE **T-D** ☐ Change ☒ Addition
NAME *Joan Smith*
STREET ADDRESS *4702 Woodshire Lane D-10*
CITY-ST-ZIP *Naples, FL 34105*

TITLE **D** ☐ Change ☒ Addition
NAME *Ann Wydman*
STREET ADDRESS *15660 Villorise Way*
CITY-ST-ZIP *Naples, FL 34110*

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:

Jean Gasvoda

4-8-03 239-774-9426

CR2E037 (10/02)