2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

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Entity Name: WINGS OF LOVE FOUNDATION, INC.

Current Principal Place of Business:

26300 S.W 227 AVENUE
MIAMI, FL 33031 US

New Principal Place of Business:

26300 S.W 227 AVENUE
HOMESTEAD, FL 33031 US

Current Mailing Address:

26300 S.W 227 AVENUE
MIAMI, FL 33031 US

New Mailing Address:

26300 S.W 227 AVENUE
HOMESTEAD, FL 33031 US

FEI Number: 65-0410495 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CUSSELL, REGINA L
26300 S.W. 227 AVENUE
HOMESTEAD, FL 33031 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: DUMOND, SHARON
Address: 14805 SW 216 STREET
City-St-Zip: MIAMI, FL 33170

Title: D ( ) Delete
Name: CUSSELL, MARSHALL
Address: 26300 S.W. 227 AVENUE
City-St-Zip: MIAMI, FL

Title: D ( ) Delete
Name: JACQUES, STEVE
Address: 14805 SW 216 STREET
City-St-Zip: MIAMI, FL 33170

Title: D ( ) Delete
Name: CUSSELL, WILLIAM L
Address: 10820 SW 126 STREET
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: CUSSELL, NICOLE A
Address: 26300 SW 227 AVENUE
City-St-Zip: HOMESTEAD, FL 33031

Title: D ( ) Delete
Name: RIVIERE, SCOTT
Address: 150 CHEROKEE RD
City-St-Zip: ASHEVILLE, NC 28801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CUSSELL, MARSHALL
Address: 26300 S.W. 227 AVENUE
City-St-Zip: HOMESTEAD, FL 33031

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: REGINA LEVY CUSSELL RA 04/05/2009
Electronic Signature of Signing Officer or Director Date