

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000003176

1. Entity Name

GOLDEN WINGS, INC.



Principal Place of Business

580 NW 47TH TERRACE
DEERFIELD BEACH FL 33442
US

Mailing Address

580 NW 47TH TERRACE
DEERFIELD BEACH FL 33442
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0404516

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEAUPRE, JUDITH A
580 NW 47TH TERRACE
DEERFIELD BEACH FL 33442

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

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
Due By May 1, 2004

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 WATERS, W J
STREET ADDRESS 511 74TH STREET
CITY-ST-ZIP HOLMES BEACH FL 34217

TITLE D ☐ Delete
NAME SCWEGMAN, JOAN
STREET ADDRESS 10BARRETT DR.
CITY-ST-ZIP FORT THOMAS KY 41075

TITLE D ☐ Delete
NAME BEAUPRE, JUDY
STREET ADDRESS 580 NW 47TH TERRACE
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE D ☐ Delete
NAME MILLER, P
STREET ADDRESS 2314 OLD NEW WINDSOR PIKE
CITY-ST-ZIP NEW WINDSOR MD

TITLE D ☐ Delete
NAME NEU, JOANN
STREET ADDRESS 2131 NW 30TH ROAD
CITY-ST-ZIP BOCA RATON FL 33431

TITLE D ☐ Delete
NAME NOBLE, BECKY
STREET ADDRESS 8700 RIDGEWOOD AVE #B-305
CITY-ST-ZIP CAPE CANAVERAL FL 32920

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000063608
CITY-ST-ZIP 02/23/04-80167-018 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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: Judith A. Beaupre 2/29/04 954-570-5304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #