

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2008 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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number Applied For No: Applicable 65-0404516					
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 is required when retreating). DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete WATERS, W J 6398 TIMBERCREEK TRAIL DAHLONEGA GA 30533	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000000849797 03/21/08-80035-008 61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete SCHWEGMAN, JOAN 10BARRETT DR. FORT THOMAS KY 41075	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete BEAUPRE, JUDY 580 NW 47TH TERRACE DEERFIELD BEACH FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete MILLER, P 2314 OLD NEW WINDSOR PIKE NEW WINDSOR MD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* **JUDITH A BEAUPRE** *3/6/08* **954-570-5304**