

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR -4 AM 10:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N94000003650 (8)

1. Corporation Name

WINGS OF HEALING MINISTRIES, INC.

Principal Place of Business

Mailing Address

**P.O. BOX 6083
LIVE OAK FL 32060**

**P.O. BOX 6083
LIVE OAK FL 32060**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

07/22/1994

4. FBI Number

☒ Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALLEN, VERNELLE B
ROUTE 9 BOX 705
LIVE OAK FL 32060**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	Corresponding Secretary
NAME	Ms. Laverne Dorminey T
STREET ADDRESS	308 Hawkins St.
CITY-ST-ZIP	Live Oak, FL 32060
TITLE	Treasurer
NAME	Mrs. Estelle Prince T
STREET ADDRESS	P.O. Box 72
CITY-ST-ZIP	Day, FL No Street N/A
TITLE	V-President
NAME	Dr. Jeanette Allen T
STREET ADDRESS	1035 Franklin Rd, Apt. P-6
CITY-ST-ZIP	Marietta, GA
TITLE	Director-Pres. - C.E.O.
NAME	Dr. Vernelle B. Allen D
STREET ADDRESS	P.O. Box 6083
CITY-ST-ZIP	Live Oak, FL 32060
TITLE	HOME Address
NAME	Rt 9 Box 705
STREET ADDRESS	LIVE OAK, FL 32060
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vernelle B. Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-1995 904-658-1605
Date (Daytime Phone)

Vernelle B. Allen