FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400003650

1. Corporation Name

WINGS OF HEALING MINISTRIES, INC.

Princ	cipal l	Plac	ce of Business
P.O.	BOX	608	13
LIVE	OAK	FL	32060

Mailing Address P.O. BOX 6083 LIVE OAK FL 32060

FILED Mar 10, 1999 8:00 am § Secretary of State

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2. Principal Place of Business		2a. Mai	2a. Mailing Address					3. Date Incorporated or Qualifed 07/22/1994							
Suite, Apt. #, etc.			Suite, Apt. #, etc.					4. FEI Number				App	ied For		
22		27	27					59-3238633				Not.	Applicable		
City & State			City & State					5. Certificate of Status Desired			\$8.75 Additional Fee Required				
Zip	Country	Zip	Г	70 30	untry			6. Election Campa Trust Fund Con			•	.00 N	•		
24 25 29 3 9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Ag							
	- Name and Address of Current	Legistere	n whater		81	Name		7,20,00							
							···								
ALLEN, VERNELLE B				82	32 Street Address (P.O. Box Number is Not Acceptable)										
ROUTE 9				83											
11847 235	11847 235TH RD.														
LIVE OAK	FL 32060				84	City				FI	85	Zip C	ode		
					لــــــــــــــــــــــــــــــــــــــ			 				16			
office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State c am familiar with, and accept the obligati	it Horida. S	uch change was au	JINONZE	ea by	tne corpo	corpora ration's	ition submits this sta board of directors.	atement for the I hereby acce	pt the appoi	ntment	as regi	stered		
SIGNATURE	Signature, typed or printed name of registered agent	and title if appli	cable. (NOTE:	Registere	d Agen	t signature re	quired wit	nen reinstating)		DATE					
12.	OFFICERS ANI			13				ADDITIONS/CH/	ANGES TO OF	FICERS AN	D DIRI	CTOF	S IN 12		
TITLE	ST		☐ DELETE	1.1	IIILE						Ch	ange	Addition		
NAME	DORMINEY, MS. LAVERNE			1.2	NAME										
STREET ADORESS	TOTAL STATE OF THE				1.3 STREET ADDRESS										
					CITY-ST	i									
CITY-ST-ZIP	LIVE OAK FL		DELETE		TITLE	1-21					Ch	ange	☐ Addition		
	DOINE MOS SCIENT				NAME										
	NAME PRINE, MRS. ESTELLE			2.3 STREET ADDRESS				•							
•	STREET ADDRESS P.O. BOX 72 N/A														
CITY-ST-ZIP	DAY FL DELETE			_	2.4 CITY-ST-ZIP 3.1 TITLE						. □ Ch	ange -	Addition		
TITLE	VP		LJ DECETE	ı		- 1					_	•	_		
NAME	ALLEN, DR. JEANETTE				NAME										
STREET ADDRESS						ADDRESS					•				
CITY-ST-ZIP	ATLANTA GA		C DELETE		CITY-S	T-ZIP					□ Ch	anne	Addition		
TITLE	PDCE		☐ DETE IS		ITTLE										
NAME	ALLEN, DR. VERNELLE B				NAME										
STREET ADDRESS		H RD				ADDRESS									
CITY-ST-ZIP	LIVE OAK FL			_	CITY-S	T-ZIP			·		□ Ch	ange	☐ Addition		
TITLE			☐ DELETÉ		TITLE						Па	iai ifis			
NAME				1 -	NAME										
STREET ADDRESS	\$				-	ADDRESS									
CITY+ST-ZIP					CITY-S'	T-ZIP									
TITLE			☐ DELETE		TILE					•	다	ange	Addition		
NAME				6.2	NAME										
STREET ADDRESS	s)			6.3	STREET	TADDRESS									
				6.4	CITY. e	T. 710									

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 15, 1999

(904)-658-1605 Daydfine Phone #

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