

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000002432 (1)

1. Corporation Name

WINGS OF EAGLES EDUCATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

11013 HEARTH RD.  
SPRING HILL FL 34608PO BOX 5655  
SPRING HILL FL 34611-06553. Date Incorporated or Qualified  
05/19/19953a. Date of Last Report  
04/18/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BATTISTA, ROBERT B  
205 SUNSET DR.  
BROOKSVILLE FL 34601

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> DELETE
NAME	GEMMILL, WILLIAM B	
STREET ADDRESS	3051 MANORELL AVE.	
CITY - ST - ZIP	SPRING HILL FL 34608	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BATTISTA, ROBERT B	
STREET ADDRESS	205 SUNSET DR.	
CITY - ST - ZIP	BROOKSVILLE FL 34601	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SANDERS, JOHN R.	
STREET ADDRESS	4019 BENCHMARK TRAIL	
CITY - ST - ZIP	SPRING HILL FL 34609	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ECKMAN, MARIANNE C.	
STREET ADDRESS	4331 DRISTOL AVE.	
CITY - ST - ZIP	SPRING HILL FL 34609	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GATES, CRAIG	
STREET ADDRESS	12239 GLEN HAVEN ST.	
CITY - ST - ZIP	SPRING HILL FL 34609	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SULLIVAN, PAUL	
STREET ADDRESS	275 DARTMOUTH AVE.	
CITY - ST - ZIP	SPRING HILL FL 34608	

1.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hoffman, Adrian C.	
1.3 STREET ADDRESS	8092 Highpoint Boulevard	
1.4 CITY - ST - ZIP	Brooksville, FL 34613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sanders, John R.	
2.3 STREET ADDRESS	4019 Benchmark Trail	
2.4 CITY - ST - ZIP	Spring Hill, FL 34609	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/97

Date

352-686-7515

Daytime Phone # 0000000

CR2E037 (9/96)