## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N95000002432 (1)

WINGS OF EAGLES EDUCATION FOUNDATION, INC.

## **FILED** May 06 1997 8:00am Secretary of State



Suite, Apt. #, etc.	Principal Place	of Business	Mailing Address					
Suito, Apt. 4. citc.				0655				
Surio, Apt. 4, etc.    Surio, Apt. 4, etc.   Surio, Apt. 4, etc.   Surio, Apt. 4, etc.						3. Date incorporated or Qualified 05/19/1995	3a. Date of La 04/1	ast Report 3/1996
Suite, Apt. 4, old:    Suite, Apt. 4, old:   Suite, Apt. 4, old:   Suite, Apt. 4, old:   State   Status Desired   \$8.75 Ac Fee Reg.	<del></del> -1 '	ace of Business	— ·		,	4. FEI Number 59-3359853	-	Applied For Not Applicable
City & State 28 29 20 20 20 20 210 210 210 210 210 210 210	Suite, Apt. #	f, etc.	Suite, Apt. #, etc.					75 Additional se Required
Zip		)				6. Election Campaign Financing		.00 May Be
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  BATTISTA, ROBERT B 205 SUNSET DR. BROOKSVILLE FL 34601  12. OFFICERS AND DIRECTORS  SIGNATURE  12. OFFICERS AND DIRECTORS  SIGNATURE  13. OFFICERS AND DIRECTORS  SIGNATURE  14. OFFICERS AND DIRECTORS  SIGNATURE  SIGNATURE  SIGNATURE  15. OFFICERS AND DIRECTORS  SIRET ADDRESS  SOST MANORELL AVE.  SPRING HILL FL 34608  SIRET ADDRESS  SIRET ADDRESS  CITY-S1-2P  SROOKSVILLE FL 34601  SIRET ADDRESS  SIRET ADDRESS		Country	····	Count		<del></del>		ded to Fees
BATTISTA, ROBERT B 205 SUNSET DR. BROOKSVILLE FL 34601  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 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 re agent Lam familiar with, and accept the obligations of Section 517.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 re agent Lam familiar with, and accept the obligations of Section 517.0503, Florida Statutes,  SIGNATURE  SIGNATURE  Spranze: Yound or privated name of registered agent and 1961 agent label.  VEX. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. STREET ADDRESS  SIRELET ADDRESS  SIRELET ADDRESS  OTY-S1-ZP  BATTISTA, ROBERT B  20. SUNSET DR.  21. STREET ADDRESS  SIRELET ADDRESS  CITY-S1-ZP  SPRING HILL FL 34601  DELETE  1. STREET ADDRESS  SIRELET ADDRESS  CITY-S1-ZP  SPRING HILL FL 34609  DELETE  4.1 TITLE  DELETE  4.1 TITLE  CHANGE  CHANGE AGENT  CHANGE  CHANGE AGENT  CHANGE  STREET ADDRESS  CITY-S1-ZP  SPRING HILL FL 34609  DELETE  4.1 TITLE  CHANGE  CHANGE AGENT  CHANGE  CHANGE AGENT  CHANGE  SIRELET ADDRESS  CITY-S1-ZP  SPRING HILL FL 34609  DELETE  4.1 TITLE  CHANGE  CHANGE  CHANGE AGENT  CHANGE  SIRELET ADDRESS  CITY-S1-ZP  SPRING HILL FL 34609  CHANG	<b>_</b> _ ·	······································	·	<u> </u>	у	· ·		der s. 199.032,
BATTISTA, ROBERT B 205 SUNSET DR. BROOKSVILLE FL 34601  81  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 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 purpose of changing its 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   Signa		9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
205 SUNSET DR. BROOKSVILLE FL 34601  83  64 City FL 85 Zip Cr.  11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, to the provisions of Section 617.0502 and 617.1508. Florida Statutes.  Signature of registered agent, or both, in the State of Florida, Such change was suthorized by the corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida, Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as read the following the appointment as read the following the purpose of changing its office or registered agent and the facilities.  SIGNATURE  Signature, typed or purpose farms of registered agent and the facilities.  NOTE Registered Agent segrature required when reinstating DATE  12: OFFICERS AND DIRECTORS  13: The provision of Sections 617.0503, Florida Statutes.  Signature typed or purpose of change in the appointment as read statutes.  NOTE: The purpose of change in the appointment as read the purpose of change in the appointment as read statutes.  NOTE: The purpose of change in the appointment as read the corporation submits this statement for the purpose of changing its office or registered agent. or both, in the Statutes.  NOTE: The purpose of change in the appointment as read the corporation submits this statement for the purpose of change in the appointment as read statutes.  NOTE: The purpose of change in the appointment as read the appointment as read statutes.  NOTE: The purpose of change in the appointment as read the appointment as read statutes.  NOTE: The purpose of change in the corporation submits this statement for the purpose of change in the corporation submits this statement for the purpose of change in the corporation submits this statement for the purpose of change in the corporation submits this statement for the purpose of change in the corporation submits this statement to the purpose of changing in the corporation submits this statement to the				8	Name			
BROOKSVILLE FL 34601    B3				8	Street	Address (P.O. Box Number is Not Acceptab	ile)	
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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as reagent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Signature, Sprind or printed name of registered lagent and 18te if applicable. (NOTE Registered Agent lagratured when reinstating). DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  INTERPORT OFFICERS AND DIRECTORS  14. ITITLE  D/S  Hoffman, Adrian C.  8092 Highpoint Boulevard  Brooksville, FI, 34613  P SANDERS, JOHN R.  22 NAME  SIREET ADDRESS  SOS SUNSET DR.  BROOKSVILLE FI 34801  24 CMY-ST-ZIP  SANDERS, JOHN R.  SIREET ADDRESS  CITY-ST-ZIP  SPRING HILL FI 34809  SIREET ADDRESS  CITY-ST-ZIP  SPRING HILL FI 34809  AUTHORISES  CITY-ST-ZIP  Change  Ch				6:				
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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 reagent tam' familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Signature, tyried or princed name of registered agent and 166 if applicable. (NOTE Registated Apent signature required when reinstating).  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  INTILE  NAME  GEMMILL, WILLIAM B  12. NAME  13. STREET ADDRESS  3051 MANDRELL AVE.  13. STREET ADDRESS  3051 MANDRELL AVE.  13. STREET ADDRESS  4019 SPRING HILL FL 34608  14. CITY-ST-ZIP  FOR STREET ADDRESS  CITY-ST-ZIP  SPRING HILL FL 34601  14. CITY-ST-ZIP  TITLE  T  DELETE  11. TITLE  P  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY-ST-ZIP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. Change  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. STREET ADDRESS  20. STREET ADDRESS  21. TITLE  22. TITLE  22. TITLE  23. STREET ADDRESS  40. 19. STREET ADDRESS  40. 19. STREET ADDRESS  40. 19. STREET ADDRESS  40. 19. STREET ADDRESS  40. STREET ADDRESS  40	dd Dinningth	other services of Sections 617 DE	00 and 017 1500 Flade Cod	ludes also also	<u> </u>			ing the registers.
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23 STREET ADDRESS   24 CITY-ST-ZIP   BROOKSVILLE FL 34801   24 CITY-ST-ZIP   S	NAME	BATTISTA, ROBERT B		2.2 NAME				
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NAME   SANDERS, JOHN R.   32 NAME	CITY - S1 - ZIP	BROOKSVILLE FL 34801		2 4 CITY	-ST-ZIP			
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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: