


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA 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 11013 HEARTH RD. SPRING HILL FL 34608	Mailing Address PO BOX 5655 SPRING HILL FL 34606-5655
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3. Date Incorporated or Qualified 05/19/1995	
4. FEI Number 59-3359853	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent BATTISTA, ROBERT B 205 SUNSET DR. BROOKSVILLE FL 34601	
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10. Name and Address of New Registered Agent 81 Name Battista, Robert B. 82 Street Address (P.O. Box Number is Not Acceptable) 965 Candlelight Blvd. 83 Apt. 88 84 City Brooksville FL 85 Zip Code 34601	
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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	
TITLE	V <input type="checkbox"/> DELETE
NAME	GEMMILL, WILLIAM B
STREET ADDRESS	3051 MANDRELL AVE.
CITY-ST-ZIP	SPRING HILL FL 34608
TITLE	DS <input type="checkbox"/> DELETE
NAME	HOFFMAN, ADRIAN C
STREET ADDRESS	8092 HIGHPOINT BLVD.
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	SANDERS, JOHN R
STREET ADDRESS	4019 BENCHMARK TRAIL
CITY-ST-ZIP	SPRING HILL FL
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 34606

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Battista, Robert B.
1.3 STREET ADDRESS	965 Candlelight Blvd., Apt. 88
1.4 CITY-ST-ZIP	Brooksville, FL 34601
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:



1/15/98 (352)796-5123

CR2E037 (10/97)