FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 10 1997 8:00am

Secretary of State

A NERBANKA AND ARANG MARK BÉRKE BETER BURNI BONKA BURNI BOSEL BIRNI 1800 ANDA ARAN

Date

Daytime Phone # 0016774

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600000573 (3) 1. Corporation Name

WINGED SPIRIT CLAN, INC.

Principal Place	of Business	Mailing Address	 			F (DELEGIAN) DIR DELLE ENTER ODER ABERT BERLIN BONTO BRITA BERLIN BURGO BERLIN BRODD DELLE FORDE
1802 WEEKS AVE 1802 WEEKS AVE ORLANDO FL 32806 ORLANDO FL 32806-6		1802 WEEKS AVE ORLANDO FL 32806-6445				
						3. Date Incorporated or Qualified 3a. Date of Last Report 01/29/1996
2. Principal Pla	ace of Business	2a. Mailing Address		********		4. FEI Number Applied For
21 26			· · · · · · · · · · · · · · · · · · ·			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional Fee Regulred
City & State	,	City & State				
23	,	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	try		This corporation has liability for intangible tax under s. 199.032,
24	25		30			Florida Statutes
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Registered Agent
			8	B1 P	Name	nla
FEATHER			8	B2 S	Street Addre	ess (P.O. Box Number is Not Acceptable)
	1802 WEEKS AVE					
OKLAND	O FL 32806		١	83		
			8	B4 (City	FL 85 Zip Code
11 Pursuant t	to the provisions of Sections 617.0500	2 and 617 1508. Florida Statuter	the abo	7VA-1	ograp hemer	oration submits this statement for the purpose of changing its registered.
office or re	egistered agent, or both, in the State :	of Florida. Such change was au	ithorized	by th	ne corporatio	on'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 age:	nt and tille if applicable. (NOTE:	Registered /	Agent r	signature required	od when reinstating) DATE
12.	OFFICERS AND	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLI	,E		Change Addition
NAME	FISH, RAVEN		1.2 NAM	Æ		
STREET ADDRESS	11316 BLACK WALNUT ST		1.3 STRE	eet ad	DRESS	•
CITY-ST-ZIP	HUDSON FL 34669	The periods	1.4 CITY		ZIP	
TITLE	D WENDEN TOWERD	☐ DELETE	2.1 TITLI	-		Change Addition
NAME	WENDELL, TRAVELER		2.2 NAM			
STREET ADDRESS	11316 BLACK WALNUT ST HUDSON FL 34669		2.3 STRE			
CITY-ST-ZIP	D 00000 FL 34009	DELETE	2. 4 C/M 3.1 T/TL/		ZIP	Change Addition
NAME .	FEATHER, ONE	becc.e	3.2 NAM			that white the control
STREET ADDRESS	AAAA MEELO AME		3.3 STRE)DRESS	
CITY-ST-ZIP	ORLANDO FL 32806		3.4. CITY		Ī	
TITLE		DELETE	4.1 TITU		-	☐ Change ☐ Addition
NAME			4. 2 NAN	ME	ĺ	
STREET ADDRESS			4.3 STRE	EET AD	DORESS	
CITY-ST-ZIP			4.4 CITY	Y-\$T-7	ZIP	· · · · · · · · · · · · · · · · · · ·
TITLE		DELETE	5.1 TITU	E		Change Addition
NAME			5.2 NAM	ΑE		
\$TREET ADDRESS			5.3 STRE	EET AD	DRESS	
CITY-ST-ZIP		Documen	5.4 CITY		ZIP	
TITLE		☐ DELETE	6.1 TITL			3000020864@9ange OAddition -02/13/9701015048
NAME			62 NAM			-02/13/9701015048
STREET ADDRESS		*	6.3 STRE		i i	***70.00 VB 2-10
City-St-ZiP	outify that the information supplier	d with this filling does not qualify	6.4 City	~~~		In Section 119.07(3)(i), Florida Statutes. I further certify that the
information	n indicated on this annual report or si	upplemental annual report is tru	ie and ac	ccura	ite and that r	my signature shall have the same legal effect as if made under path; 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.						