2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2006
Secretary of State

DOCUMENT# N96000001810

Entity Name: BRIAN CHRISTOPHER LANIER WINGS OF HOPE FOUNDATION, INC.

Current Principal Place of Business:

4767 SOUTH ATLANTIC AVENUE
#604
PONCE INLET, FL 32127

New Principal Place of Business:

Current Mailing Address:

4767 SOUTH ATLANTIC AVENUE
#604
PONCE INLET, FL 32127

New Mailing Address:

FEI Number: 59-3370482 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC
800 N MAGNOLIA AVE, SUITE 1500
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GAUTSCH, KATHLEEN A
Address: 4767 S ATLANTIC AVE #604
City-St-Zip: PONCE INLET, FL 32127

Title: D ( ) Delete
Name: GAUTSCH, ANTHONY J
Address: 4767 S ATLANTIC AVE #604
City-St-Zip: PONCE INLET, FL 32127

Title: D ( ) Delete
Name: CZUPKA, PATRICIA
Address: 104 BAYWEST DR.
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete
Name: VANATTA, MARY G
Address: 5124 SUN PALM DRIVE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN GAUTSCH PRES 01/04/2006

Electronic Signature of Signing Officer or Director — Date