

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 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 # **N96000003622 (5)**

1. Corporation Name

WINGS OF MORNING, INC.

Principal Place of Business

Mailing Address

**315 S. HYDE PARK AVENUE
TAMPA FL 33606**

**P.O. BOX 130332
TAMPA FL 33681**

3. Date Incorporated or Qualified

07/01/1996

4. FEI Number

59-3396147

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

6452 Quail Hollow Blvd

P.O. Box 7290

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

Zip

33543

Country

U.S.A.

City & State

Wesley Chapel, FL

Zip

33544

Country

U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HINES, JAMES P ESQ.
HINES & ASSOCIATES, P.A.
315 SOUTH HYDE PARK AVE.
TAMPA FL 33606**

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 **D** ☐ DELETE

NAME **PARKER, JAMES B**
STREET ADDRESS **12028 WANDSWORTH DRIVE**
CITY - ST - ZIP **TAMPA FL 33626**

TITLE **CPT** ☒ DELETE

NAME **BURTON, WALTER T**
STREET ADDRESS **P.O. BOX 130332**
CITY - ST - ZIP **TAMPA FL**

TITLE **D** ☒ DELETE

NAME **BURTON, FERRAL G**
STREET ADDRESS **P.O. BOX 130332**
CITY - ST - ZIP **TAMPA FL 33681**

TITLE **D** ☐ DELETE

NAME **HINES, JAMES P**
STREET ADDRESS **12105 LAKE CARROLL DRIVE**
CITY - ST - ZIP **TAMPA FL 33618**

TITLE **D** ☐ DELETE

NAME **WILLIS, LEARY JR**
STREET ADDRESS **15 NORTH UMBER POINT**
CITY - ST - ZIP **INVERNESS FL 34450**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

D NORMAN, CHRISTOPHER ☐ Change ☒ Addition

**2405 JAMES MELVIN DR.
PLANT CITY, FL 33565**

D RAO, BALA ☐ Change ☒ Addition

**4301 GAINSBOROUGH CT.
TAMPA, FL 33624**

CPT BURTON, WALTER T. ☒ Change ☐ Addition

**P.O. BOX 130332 6452 QUAIL HOLLOW BLVD
WESLEY CHAPEL, FL 33544**

D3 BURTON, FERRAL G. ☒ Change ☐ Addition

**P.O. BOX 130332 6452 QUAIL HOLLOW BLVD
WESLEY CHAPEL, FL 33544**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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: **Walter T. Burton** **WALTER T. BURTON**

1/14/97

CR2E037 (10/97)