

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90101 005 \*\*\*\*61.25

DOCUMENT # N96000003622

1. Corporation Name

WINGS OF MORNING, INC.

Principal Place of Business

6452 QUAIL HOLLOW RD  
WESLEY CHAPEL FL 33543  
US

Mailing Address

P.O. BOX 7290  
WESLEY CHAPEL FL 33544  
US



2. Principal Place of Business

21 6452 Quail Hollow Blvd.

Suite, Apt. #, etc.

22

23 Wesley Chapel, FL

24 33544 25 US

2a. Mailing Address

26 P.O. Box 7290

Suite, Apt. #, etc.

27

28 Wesley Chapel, FL

29 33543 30 US

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME CPT  
BURTON, WALTER T  
STREET ADDRESS 6452 QUAIL HOLLOW BLVD.  
CITY-ST-ZIP WESLEY CHAPEL FL 33544

TITLE ☐ DELETE

NAME DS  
BURTON, FERRAL G  
STREET ADDRESS 6452 QUAIL HOLLOW RD  
CITY-ST-ZIP WESLEY CHAPEL FL 33544

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME D  
NORMAN, CHRISTOPHER  
STREET ADDRESS 2905 JAMES MELVIN DR.  
CITY-ST-ZIP PLANT CITY FL 33565

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D  
PARKER, JAMES B.  
1.3 STREET ADDRESS 890 FAULK WOOD CT.  
1.4 CITY-ST-ZIP SARASOTA, FL 34232

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME DV  
DETERTON, ROBERT  
2.3 STREET ADDRESS P.O. BOX 807  
2.4 CITY-ST-ZIP BARREDO SPRINGS, CA 92004

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME DV  
RAO, BALA  
3.3 STREET ADDRESS 4301 GAINSBORO CT.  
3.4 CITY-ST-ZIP TAMPA, FL 33624

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Stiles, Shelley  
4.3 STREET ADDRESS 1711 Forrest Crossing Circle  
4.4 CITY-ST-ZIP Franklin, TN 37064

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME Fallick, Henry  
5.3 STREET ADDRESS 3207 Magnolia Ridge Rd.  
5.4 CITY-ST-ZIP Annapolis, MD 21403

6.1 TITLE ☐ Change ☐ 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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)