


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005 8:00 am
Secretary of State

07-06-2005 90032 018 ****61.25

DOCUMENT # N96000003622					
1. Entity Name WINGS OF MORNING, INC.					
Principal Place of Business 6452 QUAIL HOLLOW RD WESLEY CHAPEL, FL 33544 US			Mailing Address P.O. BOX 7529 WESLEY CHAPEL, FL 33544-0110 US		
50054983					
2. Principal Place of Business 6452 QUAIL HOLLOW BLVD		3. Mailing Address Suite, Apt. #, etc.		06302005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3396147	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HINES, JAMES P ESQ. HINES & ASSOCIATES, P.A. 315 SOUTH HYDE PARK AVE. TAMPA, FL 33606			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTCB BURTON, WALTER T 6452 QUAIL HOLLOW BLVD. WESLEY CHAPEL, FL 33544	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BURTON, FERRAL G 6452 QUAIL HOLLOW BLVD. WESLEY CHAPEL, FL 33544	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAO, BALA K 4301 GAINSBORO CT. TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIS, LEARY 15 N. UMBER PT. INVERNESS, FL 34450	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOVE, THOMAS 5827 LASALLE AVE. OAKLAND, CA 94611	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMAN, CHRISTOPHER 2905 JAMES MELVIN DR. PLANT CITY, FL 33565	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Ferral G. Burton</i>			7/1/05 8139914840		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Ferral G. Burton			Date Daytime Phone #		



ATTACHMENT
N96000003622
50024983
Wings of Morning, Inc.

"If I take the wings of the morning, and dwell in the uttermost parts of the sea, even there shall Thy hand lead me, and Thy right hand shall hold me." Psalm 139:9-10

July 1, 2005

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2005 Not-for-Profit Corporation
Annual Report

Gentlemen:

This is to advise that this report is late due to the death of Walter T. Burton on 5/4/05. A copy of the Death Certificate is enclosed.

Very truly yours,
Fernal G. Burton
Vice President

Encls.

P.S. Enclosed is our check #1245 in the amount of \$61.25 to cover our annual fee.

STATE OF FLORIDA

Division of Corporations
for Document N9600003622

Year 2005

FEI # 59-3396147

OFFICE of VITAL STATISTICS

CERTIFIED COPY

ATTACHMENT

#N9600003622
50054983

LOCAL FILE NO. 39-05-003504 FLORIDA CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Walter Thompson Burton		2. SEX Male	
3. DATE OF BIRTH (Month, Day, Year) June 18, 1931	4a. AGE-Last Birthday (Years) 73	4b. UNDER 1 YEAR Months Days Hours Minutes	4c. DATE OF DEATH (Month, Day, Year) May 04, 2005
5. SOCIAL SECURITY NUMBER 266-42-3581	7. BIRTHPLACE (City and State or Foreign Country) Miami, Florida	8. COUNTY OF DEATH Hillsborough	
9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (If not institution, give street address) University Community Hospital- Fletcher		11a. CITY, TOWN, OR LOCATION OF DEATH Tampa	11b. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12. MARITAL STATUS (Specify) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married		13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) Ferral Garrison	
14a. RESIDENCE - STATE Florida	14b. COUNTY Pasco	14c. CITY, TOWN, OR LOCATION Wesley Chapel	
14d. STREET ADDRESS 6452 Quail Hollow Boulevard		14e. APT. NO. 33544	14f. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired" Medical Missionary		15b. KIND OF BUSINESS/INDUSTRY Ministry	
16. DECEDENT'S RACE (Specify the race/ethnicity to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Is. (Specify) <input type="checkbox"/> Other (Specify)			
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian origin.) <input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian			
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input checked="" type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate		19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20. FATHER'S NAME (First, Middle, Last, Suffix) Walter Thompson Burton Sr		21. MOTHER'S NAME (First, Middle, Last, Suffix) Annie Mary Sanders	
22a. INFORMANT'S NAME Ferral G. Burton		22b. RELATIONSHIP TO DECEDENT Wife	22c. INFORMANT'S MAILING - STATE Florida
23a. CITY OR TOWN Wesley Chapel	23b. STREET ADDRESS 6452 Quail Hollow Boulevard		23c. ZIP CODE 33544
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Florida National Cemetery		25a. LOCATION - STATE Florida	25b. LOCATION - CITY OR TOWN Bushnell
26. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)			
27a. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		27b. LICENSE NUMBER (of License) 4596	27c. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS BURIAL Roberto J. Papele
28. NAME OF FUNERAL FACILITY Blount & Curry, E. H. -Carrollwood		29. FACILITY'S MAILING - STATE Florida	
29a. CITY OR TOWN Tampa	29b. STREET ADDRESS 3207 W. Bearss Ave.		29c. ZIP CODE 33618
30. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.			
31a. (Signature and Title of Certifier) Jaime Casellas, M.D.		31b. DATE SIGNED (mm/dd/yyyy) 5-6-05	31c. TIME OF DEATH (24 hr.) 0745
32a. LICENSE NUMBER for Certifier ME0056182		32b. NAME OF ATTENDING PHYSICIAN (If other than Certifier)	
33a. CERTIFIER'S - STATE Florida	33b. CITY OR TOWN Tampa	33c. STREET ADDRESS 13801 Bruce B. Downs Blvd., #102	33d. ZIP CODE 33613
37. SIGNATURE - Registrar and Date Teresa Perez 05-06-05		38. DATE FILED BY REGISTRAR (Mo., Day, Yr.) MAY 09 2005	

Teresa Perez
CHIEF DEPUTY REGISTRAR

MAY 25 2005

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

WARNING:

DOH FORM 1946 (02-04)

FLORIDA DEPARTMENT OF
HEALTH