

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90315 037 ****70.00

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 7290
WESLEY CHAPEL FL 33543
US**

2. Principal Place of Business

3. Mailing Address

*** P.O. Box 7529**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Wesley Chapel

City & State

City & State

FL

Zip

Country

Zip

Country

33544-0110

USA

4. FEI Number **59-3396147**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
**PTCD
BURTON, WALTER T
6452 QUAIL HOLLOW BLVD.
WESLEY CHAPEL FL 33544** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
BURTON, FERRAL G
6452 QUAIL HOLLOW BLVD.
WESLEY-CHAPEL FL 33544** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
RAO, BALA K
4301 GAINSBORO CT.
TAMPA FL 33624** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
WILLIS, LEARY
15 N. UMBER PT.
INVERNESS FL 34450** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LOVE, THOMAS
5827 LASALLE AVE.
OAKLAND CA 94611** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: Walter Burton **1/10/03** **(013) 991-4846**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)