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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08-10-1999 90012 047 ****61.25
99 SEP -9 AM 8:42

DOCUMENT # N97000006375

1. Corporation Name
CONNIE MAY FOWLER WOMEN WITH WINGS FOUNDATION, I NC.

Principal Place of Business	Mailing Address
WALTER BOND HOUSE LLOYD FL 32337	P.O. BOX 31 LLOYD FL 32337 US

593396295

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 11/12/1997
4. FEI Number: APPLIED FOR [redacted] ☐ 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	10. Name and Address of New Registered Agent
WARFEL, TIMOTHY J WALTER BOND HOUSE LLOYD FL 32337	61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 City FL 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FOWLER, CONSTANCE A		1.2 NAME		
STREET ADDRESS	POST OFFICE BOX 31		1.3 STREET ADDRESS		
CITY-ST-ZIP	LLOYD FL 32337		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FOWLER, MIKA		2.2 NAME		
STREET ADDRESS	POST OFFICE BOX 31		2.3 STREET ADDRESS		
CITY-ST-ZIP	LLOYD FL 32337		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HANKINS, DEIDRE		3.2 NAME		
STREET ADDRESS	604 SPECK COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33613		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STARRETT, RENEE		4.2 NAME		
STREET ADDRESS	2029 ERMINE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STANSBERRY-ZIFFER, GAIL		5.2 NAME		
STREET ADDRESS	1252 CONSERVANCY DRIVE EAST		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LIGHTSEY, DEBBIE		6.2 NAME		
STREET ADDRESS	2340 CYPRESS COVE DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32310		6.4 CITY-ST-ZIP		

8/9/99

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 REQUIRED 8-1-99 850553526
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED — DATE — TELEPHONE NUMBER

CR2E057 (11/96)