

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000006375**

1. Entity Name

CONNIE MAY FOWLER WOMEN WITH WINGS FOUNDATION, I**FILED**
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90040 041 ****61.25

0084771

Principal Place of Business

**WALTER BOND HOUSE
LLOYD FL 32337**

Mailing Address

**P.O. BOX 31
LLOYD FL 32337
US****933460**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3396295

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WARFEL, TIMOTHY J
WALTER BOND HOUSE
LLOYD FL 32337**

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input type="checkbox"/> Delete	D	FOWLER, CONSTANCE A	POST OFFICE BOX 31	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		LLOYD FL 32337			
<input type="checkbox"/> Delete	D	FOWLER, MIKA	POST OFFICE BOX 31	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		LLOYD FL 32337			
<input type="checkbox"/> Delete	D	HANKINS, DEIDRE	604 SPECK COURT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		TAMPA FL 33613			
<input type="checkbox"/> Delete	D	STARRETT, RENEE	2029 ERMINE DRIVE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		TALLAHASSEE FL 32308			
<input type="checkbox"/> Delete	D	STANSBERRY-ZIFFER, GAIL	1252 CONSERVANCY DRIVE EAST	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		TALLAHASSEE FL 32312			
<input type="checkbox"/> Delete	D	LIGHTSEY, DEBBIE	2340 CYPRESS COVE DRIVE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		TALLAHASSEE FL 32310			

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:

REMIKA FOWLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3/16/01**
Date**997 3806**
Daytime Phone #

CR2E037 (10/00)