

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001448

FILED
Apr 01, 2008
Secretary of State

Entity Name: WINGS OF FAITH MINISTRIES, INC.

Current Principal Place of Business:

6895 NW 14TH AVE
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

14835 SW 302 ST
LEISURE CITY, FL 33033

New Mailing Address:

FEI Number: 65-0820529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWKINS, RICKEY
14835 S.W. 302 ST.
LEISURE CITY, FL 33033 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAWKINS, RICKEY
Address: 14835 S.W. 302 ST.
City-St-Zip: LEISURE CITY, FL 33033

Title: TT () Delete
Name: STRAUGHTER, JANICE
Address: 12258 SW 202 TERRACE
City-St-Zip: MIAMI, FL 33177

Title: ST () Delete
Name: ABRAHAM, CARLACENIA
Address: 570 N.E. 21 TERR
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICKEY N. HAWKINS

PRES

04/01/2008

Electronic Signature of Signing Officer or Director

Date