2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# N98000001488

Entity Name: WINGS FELLOWSHIP CHURCH, INC.

Current Principal Place of Business:

1801 - 34TH ST. SOUTH
ST. PETERSBURG, FL 33711

New Principal Place of Business:

Current Mailing Address:

1801 - 34TH ST. SOUTH
ST. PETERSBURG, FL 33711

New Mailing Address:

FEI Number: 59-3497129 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHANCE, JOHN H
405 KINGSTON STREET SOUTH
ST. PETERSBURG, FL 33711 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: P ( ) Delete
Name: CHANCE, JOHN H
Address: 405 KINGSTON STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711

Title: BDM ( ) Delete
Name: WHITEHEAD, SAMANTHA
Address: 4601-FAIRFIELD AVE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: S ( ) Delete
Name: CHANCE, CYNTHIA
Address: 405 KINGSTON STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711

Title: T ( ) Delete
Name: MAXINE, NICHOLAS
Address: 1826 54TH PL. SO APT A
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: BDM ( ) Delete
Name: ALEXANDER, LATONYA
Address: 2626 QUEEN STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

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:

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: MAXINE NICHOLAS T 01/12/2009

Electronic Signature of Signing Officer or Director — Date