

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

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

01-15-2003 90238 046 \*\*\*\*61.25

**DOCUMENT # N98000001488**

1. Entity Name

**WINGS FELLOWSHIP CHURCH, INC.**



Principal Place of Business

**405 KINGSTON STREET SOUTH  
ST. PETERSBURG FL 33711**

Mailing Address

**405 KINGSTON STREET SOUTH  
ST. PETERSBURG FL 33711**

2. Principal Place of Business

**1801-34th ST. So.**

3. Mailing Address

**1801-34th ST. So.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ST. PETERSBURG, FL**

City & State

**ST. PETERSBURG, FL.**

Zip

**33711**

Country

**USA**

Zip

**33711**

Country

**USA**

4. FEI Number **59-3497129**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CHANCE, JOHN H  
405 KINGSTON STREET SOUTH  
ST. PETERSBURG FL 33711**

7. Name and Address of New Registered Agent

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 *Marshall Lester Jr*

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

(NOTE: Registered Agent signature required when reinstating)

**1/8/03**

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

TITLE **D** ☐ Delete  
NAME **CHANCE, JOHN J**  
STREET ADDRESS **405 KINGSTON STREET SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE **D** ☐ Delete  
NAME **LOVETT, CARLOS**  
STREET ADDRESS **675-68TH AVE SO.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **D** ☐ Delete  
NAME **CHANCE, CYNTHIA**  
STREET ADDRESS **405 KINGSTON STREET SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE **D** ☐ Delete  
NAME **CAMERON, SHIRLEY A**  
STREET ADDRESS **56736TH WAY S**  
CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE **D** ☐ Delete  
NAME **LESTER, MARSHALL JR**  
STREET ADDRESS **1904 - 54TH TERRACE SOUTH, APT. A**  
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **D** ☒ Delete  
NAME **WASHINGTON, JOHNNY R**  
STREET ADDRESS **689 PRESTON AVE. S.**  
CITY-ST-ZIP **ST PETERSBURG FL 33701**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☒ Addition  
NAME **Katonya Alexander**  
STREET ADDRESS **2626 Queen St So.**  
CITY-ST-ZIP **St. Pete, FL 33712**

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: *Marshall Lester Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/03**

**(727) 866-6297**

CR2E037 (10/02)