

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005825

FILED
Apr 15, 2009
Secretary of State

Entity Name: WINGS OF HEALING EVANGELISTIC PENTECOSTAL MINISTRIES INC.

Current Principal Place of Business:

179 CYPRESS AVENUE
PAHOKEE, FL 33476

New Principal Place of Business:

Current Mailing Address:

P O BOX 596
PAHOKEE, FL 33476

New Mailing Address:

FEI Number: 65-0717318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JORDAN, OTIS D
179 CYPRESS AVENUE
PAHOKEE, FL 33476 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: JORDAN, OTIS D
Address: 179 CYPRESS AVENUE
City-St-Zip: PAHOKEE, FL 33476

Title: VD () Delete
Name: JORDAN, SHIRLEY S
Address: 179 CYPRESS AVENUE
City-St-Zip: PAHOKEE, FL 33476

Title: SD () Delete
Name: STEPHENS, TIFFANY R
Address: 672 SW 5TH STREET, APT 7
City-St-Zip: BELLE GLADE, FL 334305015

Title: M () Delete
Name: JORDAN, EDD M
Address: 5175 W 9TH STREET
City-St-Zip: BELLE GLADE, FL 33430

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:

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: OTIS JORDAN

PRE

04/15/2009

Electronic Signature of Signing Officer or Director

Date