

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005825

**FILED**  
**May 09, 2012**  
**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 (X)**

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** OTIS JORDAN

PD

05/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date