

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001925

FILED
Jan 15, 2008
Secretary of State

Entity Name: WINGS TO NEW HORIZONS, INC.

Current Principal Place of Business:

1800 NORTH HIGHWAY 426
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

1800 NORTH HIGHWAY 426
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 59-3572817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEGROVE, RICHARD A JR
101 WEST FIRST STREET
SANFORD, FL 32771 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: RAUEN, LAURIAN-ANNE
Address: 1800 NORTH HIGHWAY 426
City-St-Zip: OVIEDO, FL 32765

Title: TD () Delete
Name: SPANKIE, MICHELLE
Address: 200 ST ANDREWS BLVD., #803
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: VIA, CAROL F
Address: 1050 VAN ARSDALE ST.
City-St-Zip: OVIEDO, FL 32771

Title: D () Delete
Name: COLEGROVE, RICHARD A JR
Address: 101 WEST FIRST ST., SUITE C
City-St-Zip: SANFORD, FL 32771

Title: VSD () Delete
Name: ZYMOWSKI, PATSY
Address: 1753 W. BROADWAY
City-St-Zip: OVIEDO, FL 32765

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: PULTZ, LAWRENCE
Address: 1725 W BROADWAY ST
City-St-Zip: OVIEDO, FL 32765

Title: T (X) Change () Addition
Name: WIGGINS, LINDA
Address: 1405 N COUNTY ROAD 426
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Change () Addition
Name: WATKINS, BARBARA
Address: 1603 COUGAR COURT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D (X) Change () Addition
Name: ZYMOWSKI, PATSY
Address: 1753 W. BROADWAY
City-St-Zip: OVIEDO, FL 32765

Title: D () Change (X) Addition
Name: DICKERSON, SEAN
Address: 1050 VAN ARSDALE
City-St-Zip: OVIEDO, FL 32765

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: LAURIAN-ANNE RAUEN

PD

01/15/2008

Electronic Signature of Signing Officer or Director

Date