

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001925

FILED  
Feb 14, 2012  
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:**

RAUEN, LAURIAN  
1800 NORTH HIGHWAY 426  
OVIEDO, FL 32765 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: PRES  
Name: RAUEN, LAURIAN-ANNE  
Address: 1800 NORTH HIGHWAY 426  
City-St-Zip: OVIEDO, FL 32765

Title: D  
Name: PULTZ, LAWRENCE  
Address: 1725 W BROADWAY ST  
City-St-Zip: OVIEDO, FL 32765

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

Title: D  
Name: WATKINS, BARBARA  
Address: 1603 COUGAR COURT  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D  
Name: ZYMOWSKI, PATSY  
Address: 1753 W. BROADWAY  
City-St-Zip: OVIEDO, FL 32765

Title: D  
Name: DICKINSON, SEAN  
Address: 1050 VAN ARSDALE  
City-St-Zip: OVIEDO, FL 32765

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: LAURIAN RAUEN

PRES

02/14/2012

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

\_\_\_\_\_ Date