



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000005121	
1. Entity Name WHITE WINGS FOUNDATION, INC.	

Principal Place of Business 155 CROWN POINT CIRCLE LONGWOOD, FL 32779	Mailing Address 155 CROWN POINT CIRCLE LONGWOOD, FL 32779
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DO NOT WRITE IN THIS SPACE

	
01032005 No Chg-NP	CR2E037 (10/03)
4. FEI Number 59-3595337	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ZAWISLAN RICH, SUSAN 155 CROWN POINT CIRCLE LONGWOOD, FL 32779	
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**DO NOT WRITE
IN THIS SPACE**

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 *Susan Z Rich* **SUSAN Z RICH** 3-25-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAWISLAN RICH, SUSAN 155 CROWN POINT CIRCLE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICH, JAMES 155 CROWN POINT CIRCLE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLLIE, MITCHELL 3505 19TH ST #206 SAN FRANCISCO, CA 94110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

1100000278248
03/28/05-80019-003 61.25

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: *Susan Z Rich* **3-25-05 407-862-6902**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #