

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000022015

**Entity Name:** WINGS OF ZION INC.

**FILED**  
**Mar 02, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4285 NW 26TH TERRACE  
OCALA, FL 34475

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 22731  
TAMPA, FL 33623

**New Mailing Address:**

**FEI Number:** 59-3701798

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FITZ SIMMONS, KEVIN J  
ONE TAMPA CITY CENTER  
27TH FLOOR, SUITE 2720  
TAMPA, FL 33601 US

**Name and Address of New Registered Agent:**

FITZ SIMMONS, KEVIN J  
102 W. WHITING STREET  
SUITE 201  
TAMPA, FL 33601 US

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

03/02/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MR  
Name: HAINES, ERROL R SR.  
Address: 4285 NW 26TH TERRACE  
City-St-Zip: OCALA, FL 34475

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ERROL R. HAINES

PRES

03/02/2011

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

\_\_\_\_\_  
Date