

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000002631

Entity Name: ANGELWINGZ FAMILY CRISIS & INTERVENTION CENTER INC.**FILED**
May 11, 2022
Secretary of State
4336816398CC**Current Principal Place of Business:**2706 NORTH MONROE STREET
POST OFFICE BOX 3914
TALLAHASSEE, FL 32303**Current Mailing Address:**P.O. BOX 3914
TALLAHASSEE, FL 32315 US**FEI Number: 82-5305857****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THURMAN, CHRISTINE
THURMAN LAW FIRM, PLLC
241 EAST 6TH AVENUE
TALLAHASSEE, FL 32303 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:** CHRISTINE THURMAN**05/11/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CEO
Name	STRICKLAND, WENDY G
Address	P.O. BOX 3914
City-State-Zip:	TALLAHASSEE FL 32315

Title	VP
Name	CORKER, AMANDA
Address	P.O. BOX 3914
City-State-Zip:	TALLAHASSEE FL 32315

Title	T
Name	HESS, JOHN
Address	P.O. BOX 3914
City-State-Zip:	TALLAHASSEE FL 32315

Title	PRESIDENT
Name	VACANT
Address	P.O. BOX 3914
City-State-Zip:	TALLAHASSEE FL 32315

Title	S
Name	DIXON-STRONG, DORIS
Address	P.O. BOX 3914
City-State-Zip:	TALLAHASSEE FL 32315

Title	VOLUNTEER
Name	JENKINS, EUREKA
Address	POST OFFICE BOX 3914
City-State-Zip:	TALLAHASSEE FL 32315

Title	VOLUNTEER
Name	SALTERS, ELLA
Address	POST OFFICE BOX 3914
City-State-Zip:	TALLAHASSEE FL 32315

Title	FINANCIAL ADVISOR
Name	HOLLOWAY, DAN
Address	POST OFFICE BOX 3914
City-State-Zip:	TALLAHASSEE FL 32315

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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: WENDY STRICKLAND**CEO****05/11/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DEVELOPMENT
Name LACQUET, JOHN
Address POST OFFICE BOX 3914
City-State-Zip: TALLAHASSEE FL 32315

Title SPIRITUAL ADVISOR/CAT LIAISON
Name CALHOUN, KIMBERLY
Address POST OFFICE BOX 3914
City-State-Zip: TALLAHASSEE FL 32315