

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24000002612

**Entity Name:** WINGS OF TOMORROW FOUNDATION INC

**Current Principal Place of Business:**

1900 OLEVIA ST  
APT 434  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1900 OLEVIA ST  
APT 434  
JACKSONVILLE, FL 32207 US

**FEI Number:** 32-0767275

**Certificate of Status Desired:** No

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

COEN, ANDREW B  
1900 OLEVIA ST  
APT 434  
JACKSONVILLE, FL 32207 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

Date

**Officer/Director Detail :**

Title P/CEO  
Name COEN, ANDREW B  
Address 1900 OLEVIA ST  
City-State-Zip: JACKSONVILLE FL 32207

Title CMO  
Name COEN, HALEY E  
Address 1900 OLEVIA ST  
City-State-Zip: JACKSONVILLE FL 32207

Title CTO  
Name MORAVEC, MIGUEL M  
Address 904 A ST SE  
City-State-Zip: WASHINGTON DC 20003

Title CDO  
Name NWOKIKE, AVERY C  
Address 43688 WINTERBERRY WAY  
City-State-Zip: CALIFORNIA MD 20619

Title COO  
Name VROTSOS, YANNI D  
Address 982 N ROYAL ST  
City-State-Zip: ALEXANDRIA VA 22314

*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:** ANDREW COEN

**FOUNDER / CEO**

**03/16/2025**

Electronic Signature of Signing Officer/Director Detail

Date