

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000005612

**Entity Name:** WINGS OF HEALING MINISTRIES, INC.

**Current Principal Place of Business:**

170 SE OSPREY RIDGE  
PORT ST LUCIE, FL 34984

**Current Mailing Address:**

PO BOX 7181  
PORT ST LUCIE, FL 34985 US

**FEI Number: 58-2100193**

**Certificate of Status Desired: No**

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

PERRY, LOIS  
170 SE OSPREY RIDGE  
PORT ST LUCIE, FL 34984 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  
Name PERRY, LOIS  
Address 170 SE OSPREY RIDGE  
City-State-Zip: PORT ST LUCIE FL 34984

Title VP  
Name PERRY, RANFORD  
Address 170 SE OSPREY RIDGE  
City-State-Zip: PORT ST LUCIE FL 34984

Title S  
Name ADAMS, REGINA  
Address 90 OAKLANDING TRL SO  
City-State-Zip: DOUGLASVILLE GA 30134

Title T  
Name LOVE, MIRANDA C  
Address 2660 BARNWELL CT  
City-State-Zip: POWDER SPRINGS GA 30127

*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: LOIS PERRY**

**PRESIDENT**

**08/26/2016**

Electronic Signature of Signing Officer/Director Detail

Date