

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 02, 2008  
Secretary of State**

DOCUMENT# N00000008415

Entity Name: EAGLE AVENUE CHURCH OF CHRIST EAGLE LAKE, FLORIDA INC.

**Current Principal Place of Business:**

551 EAGLE AVE  
EAGLE LAKES, FL 33839

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 117  
EAGLE LAKES, FL 33839

**New Mailing Address:**

FEI Number: 59-3700535      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

THOMAS, MELODY ELAINE  
252 MARSHALL RD  
EAGLE LAKE, FL 33839      US

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

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

**OFFICERS AND DIRECTORS:**

Title: TD      ( ) Delete  
Name: THOMAS, JOHN EDGAR SR  
Address: 331 S FELTON ST  
City-St-Zip: EAGLE LAKES, FL

Title: T      ( ) Delete  
Name: THOMAS, BERMA H  
Address: 331 S FELTON ST  
City-St-Zip: EAGLE LAKES, FL

Title: T      ( ) Delete  
Name: GROENE, SHAREN  
Address: 1027 THOMAS RD  
City-St-Zip: EAGLE LAKES, FL

Title: T      ( ) Delete  
Name: THOMAS, MELODY ELAINE  
Address: 252 MARSHALL ROAD  
City-St-Zip: EAGLE LAKE, FL 33839

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MELODY E THOMAS

T

04/02/2008

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

\_\_\_\_\_  
Date