

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90037 023 ****61.25

DOCUMENT # N01000001177

1. Entity Name

THE EAGLES' WINGS FOUNDATION, INC.

Principal Place of Business

Mailing Address

375 POSSUM PASS
W. PALM BCH FL 33413

375 POSSUM PASS
W. PALM BCH FL 33413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1089571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, SCOTT P
375 POSSUM PASS
W. PALM BCH FL 33413

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ABRAMS, TERRY R	
STREET ADDRESS	7520 BLUE HERON WAY	
CITY-ST-ZIP	W. PALM BCH FL 33412	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, SCOTT P	
STREET ADDRESS	375 POSSUM PASS	
CITY-ST-ZIP	W. PALM BCH FL 33413	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, CAROL J	
STREET ADDRESS	375 POSSUM PASS	
CITY-ST-ZIP	W. PALM BCH FL 33413	
TITLE	D	<input type="checkbox"/> Delete
NAME	LESINGER, JOHN C	
STREET ADDRESS	200 DESOTA RD.	
CITY-ST-ZIP	W. PALM BCH FL 33405	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, WILLIAM	
STREET ADDRESS	18277 120TH TERR. NORTH	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREWS, CAROLYN	
STREET ADDRESS	550 S. OCEAN BLVD.	
CITY-ST-ZIP	PALM BCH FL 33480	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAPP, WILLIAM	
STREET ADDRESS	200 ELLAMAR RD	
CITY-ST-ZIP	W. PALM BEACH, FL 33412	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another I am empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-02

Date

561-689-6283

Daytime Phone #

CR2E037 (9/01)