2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# N01000001177

Entity Name: THE EAGLES' WINGS FOUNDATION, INC.

Current Principal Place of Business:

375 POSSUM PASS
W. PALM BCH, FL 33413

New Principal Place of Business:

Current Mailing Address:

375 POSSUM PASS
W. PALM BCH, FL 33413

New Mailing Address:

FEI Number: 65-1089571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, SCOTT P
375 POSSUM PASS
W. PALM BCH, FL 33413 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: D ( ) Delete
Name: STEPP, WILLIAM
Address: 1105 LAKE CLARKE DRIVE
City-St-Zip: W. PALM BCH, FL 33406

Title: D ( ) Delete
Name: LEWIS, SCOTT P
Address: 375 POSSUM PASS
City-St-Zip: W. PALM BCH, FL 33413

Title: D ( ) Delete
Name: LEWIS, CAROL J
Address: 375 POSSUM PASS
City-St-Zip: W. PALM BCH, FL 33413

Title: D ( ) Delete
Name: LESINGER, JOHN C
Address: 200 DESOTA RD.
City-St-Zip: W. PALM BCH, FL 33405

Title: D ( ) Delete
Name: PERRY, WILLIAM
Address: 780 SW 31ST STREET
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete
Name: ANDREWS, CAROLYN
Address: 550 S. OCEAN BLVD.
City-St-Zip: PALM BCH, FL 33480

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:

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: CAROL J. LEWIS D 01/10/2009

Electronic Signature of Signing Officer or Director — Date