2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001177

THE EAGLES' WINGS FOUNDATION, INC.



FILED Apr 16, 2003 8:00 am Secretary of State 04-16-2003 90153 044 ****61.25

						185						
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.				☐ CHECK HERE IF MAKING CHANGES						
City & State			City & State				4. FEI Number 65-1089571 Applied For					
						03 100337 1					ot Applicable	
Zip Country			Zip C			5. Certificate of Status Desired			S8.75 Additional Fee Required			
	6. Name and Address of Current					جعتني سنيت	7. Name and Address of New Registered Agent					
LEWIS, SCOTT P					Street Address (P.O. Box Number is Not Acceptable)							
375 POS	SUM PASS		Street Address			acress (P.U. Box Number is N	—		-		
W. PALM BCH FL 33413												
	or \$15°				City				FL			
	named entity submits this statement for	or the purp	ose of changing its	registered	office or	register	ed agent, or both, in t	the State of Flori	da. I am fa	miliar with,	and accept	
.5.	A section of the sect									· •		
SIGNATURE	Signature, typed or printed ratifie of registered agent	and title il app	ilicable: (NOT)	E: Registered A	gent signatur	re required	when reinstating)		DATE	· · · · · · · · · · · · · · · · · · ·	<i>:</i> —	
- 1 - 5										•		
7	FILE NOW: FEE IS \$61.25)	9. Election Car Trust Fund C				\$5.00 May Be Added to Fees		e Check a Departi			
The state of												
10.5	OFFICERS AND DI	RECTORS	☐ Delete	11.		-	ADDITIONS/CHANGE			CTORS IN	Addition	
NAME.	ABRAMS, TERRY R		∟ Delete	NAME		Wil	liam, Stepp	-No Dr	_	Onlings	Addition	
STREET ADDRESS CITY-ST-ZIP	7520 BLUE HERON*WAY W. PALM BCH FL 33412			STREET CITY-ST	ADDRESS	1105	liam Stepp 5 Lake Cla 6 alm Beach	. م سعمان 22 م	ያብልራ የ			
TITLE	D		☐ Delete	TITLE		W. r	alm Death	, PL 3	700	☐ Change	Addition	
NAME	LEWIS, SCOTT P			NAME					•		ľ	
STREET ADDRESS CITY-ST-ZIP	375 POSSUM PASS W. PALM BCH FL 33413		•	CITY-S	ADDRESS T-ZIP							
TITLE	D		Delete	- "TITLE, -						- Change	. Addition	
NAME STREET ADDRESS	LEWIS, CAROL J 375 POSSUM PASS			NAME	ADDRESS						}	
CITY-ST-ZIP	W. PALM BCH FL 33413			CITY-S								
TITLE	D		☐ Delete	TITLE						Change	☐ Addition	
NAME STREET ADDRESS	LESINGER, JOHN C 200 DESOTA RD.			NAME STREET	ADDRESS							
CITY-ST-ZIP	W. PALM BCH FL 33405			CITY-S	T-ZIP							
TITLE	D D		Delete	TITLE						☐ Change	☐ Addition	
NAME STREET ADDRESS	PERRY, WILLIAM 18277 120TH TERR. NORTH			NAME STREET	ADORESS							
CITY-ST-ZIP	JUPITER FL 33478			CITY-S			_ ,					
TITLE	D ANDREWS CAROLYN		☐ Delete	TITLE						☐ Change	☐ Addition	
NAME Street address	ANDREWS, CAROLYN 550 S. OCEAN BLVD.			name Street	ADDRESS							
CITY-ST-ZIP	PALM BCH FL 33480			CITY-S	T-ZIP							
12 I hereby o	ertify that the information supplied wit	h this filing	does not qualify for	r the exemi	otion state	ed in Se	ection 119.07(3)(i). Flo	orida Statutes. F	further cert	fv that the i	nformation	

indicated on this report or supplied will find initing uses not quality 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 all other like empowered.

SIGNATURE:

TEP. LEWIS, PRES. 1/6/03 561-689-6283