


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

02-16-2005 90033 024 ***150.00

| | | | | | |
|---|--------------------------------|--|---|--|-----------------------------------|
| DOCUMENT # N04000011809 | | | |  | |
| 1. Entity Name ON EAGLE'S WINGS FOUNDATION INC. | | | | | |
| Principal Place of Business 7802 KINGSPONTE PKWY SUITE 101 ORLANDO, FL 32819 | | Mailing Address 7802 KINGSPONTE PKWY SUITE 101 ORLANDO, FL 32819 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number: <u>20-2192497</u> Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MAYORAL, JOSE G 7802 KINGSPONTE PKWY SUITE 101 ORLANDO, FL 32819 | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MAYORAL, JOSE G | | NAME | | |
| STREET ADDRESS | 7802 KINGSPONTE PKWY SUITE 101 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 32819 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 all other like empowered. | | | | | |
| SIGNATURE: _____ | | | Date: February 14, 2005 407-367-2141 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

66005421



02102005 Chg-NP CR2E037 (10/03)

ATTACHMENT



Division of Corporations

2005 Annual Report

66005421

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

| | |
|---|----------------------------------|
| This information cannot be changed on the report. | |
| Document Number | N04000011809 |
| Business Entity Name | ON EAGLE'S WINGS FOUNDATION INC, |
| Original File Date | 12/20/2004 |

FEI Number

Principal Address 7802 KINGSPONTE PKWY
SUITE 101
ORLANDO, FL 32819

Mailing Address 7802 KINGSPONTE PKWY
SUITE 101
ORLANDO, FL 32819

Registered Agent JOSE G MAYORAL
7802 KINGSPONTE PKWY
SUITE 101
ORLANDO, FL 32819

Officer/Director Name And Address

P
JOSE G MAYORAL
7802 KINGSPONTE PKWY SUITE 101
ORLANDO, FL 32819

Sunbiz Home Page

Public Access Help