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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002943 (9)

1. Corporation Name
SOARING EAGLES INTERNATIONAL CHURCH MINISTRIES, INC.

Principal Place of Business	Mailing Address
990 SYCAMORE DR ROCKLEDGE FL 32955	990 SYCAMORE DR ROCKLEDGE FL 32955-3932

3. Date Incorporated or Qualified: 06/30/1993
3a. Date of Last Report: 03/15/1996

2. Principal Place of Business
21 1228 DIXON BLVD
22 Suite, Apt. #, etc.
23 City & State: COCOA, FLORIDA
24 Zip: 32922
25 Country: BREVARD

2a. Mailing Address
26 990 SYCAMORE DR
27 Suite, Apt. #, etc.
28 City & State: ROCKLEDGE, FLORIDA
29 Zip: 32955
30 Country: BREVARD

4. FEI Number: ~~APPLIED FOR~~ 59-3191091 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MORAGNE, JANET
990 SYCAMORE DR
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MORAGNE, JANET		1.2 NAME		
STREET ADDRESS	990 SYCAMORE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL 32955		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MORAGNE, ERNEST		2.2 NAME		
STREET ADDRESS	990 SYCAMORE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL 32955		2.4 CITY-ST-ZIP		
TITLE	STD	☒ DELETE	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	CARTER, CYNTHIA		3.2 NAME	CAMILLA LLOYD	
STREET ADDRESS	1911 WOOD HAVEN #119		3.3 STREET ADDRESS	4411 LAKELAWN AVE	
CITY-ST-ZIP	ROCKLEDGE FL		3.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32808	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janet Moragne 4-1-97 407-634-5840