

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002943

1. Entity Name

SOARING EAGLES INTERNATIONAL CHURCH MINISTRIES,

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90015 042 ****70.00

0030602

Principal Place of Business 1228 DIXON BLVD COCOA FL 32922 US	Mailing Address 400 HEATHROW CIR ROCKLEDGE FL 32955 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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A0006772



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3191091	Applied For Not Applicable
5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORAGNE, JANET 400 HEATHROW CIR ROCKLEDGE FL 32955	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD MORAGNE, ERNEST 400 HEATHROW CIR ROCKLEDGE FL 32955 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORAGNE, *MARAGNE, JANET 400 HEATHROW CIR ROCKLEDGE FL 32955 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LLOYD, CAMILLIA 990 SYCAMORE DR ROCKLEDGE FL 32955 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Ernest H. Moragne, President 01/08/01 321-634-5840

CR2E037 (10/00)