

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001177

Entity Name: THE EAGLES' WINGS FOUNDATION, INC.**Current Principal Place of Business:**375 POSSUM PASS
W. PALM BCH, FL 33413**Current Mailing Address:**375 POSSUM PASS
W. PALM BCH, FL 33413**FEI Number:** 65-1089571**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEWIS, SCOTT P
375 POSSUM PASS
W. PALM BCH, FL 33413 US*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:** SCOTT P. LEWIS

03/14/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name STEPP, WILLIAM REV
Address 1105 LAKE CLARKE DRIVE
City-State-Zip: W. PALM BCH FL 33406

Title PRESIDENT
Name LEWIS, SCOTT P
Address 375 POSSUM PASS
City-State-Zip: W. PALM BCH FL 33413

Title D
Name ROTHSTEIN, MURRAY
Address 3390 S. OCEAN BLVD., -#302
City-State-Zip: PALM BEACH FL 33480

Title TREASURER
Name LESINGER, JOHN C
Address 200 DESOTA RD.
City-State-Zip: W. PALM BCH FL 33405

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

Title D
Name AHMED, MUJAHED M.D.
Address 2669 FOREST HILL BLVD. - SUITE 100
City-State-Zip: WEST PALM BEACH FL 33406

Title VP
Name SULLIVAN, JOHN J
Address 114 SE TURTLE CREEK DRIVE
City-State-Zip: TEQUESTA FL 33469

I hereby 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 all other like empowered.

SIGNATURE: SCOTT P. LEWIS

PRESIDENT

03/14/2015

Electronic Signature of Signing Officer/Director Detail

Date