

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91321 029 \*\*\*\*61.25

**DOCUMENT # N00000003051**

1. Entity Name

**EAGLE'S FLIGHT MINISTRIES, INC.**

Principal Place of Business

528 WEST GARDEN STREET  
 PENSACOLA FL 32501

Mailing Address

528 WEST GARDEN STREET  
 PENSACOLA FL 32501

2. Principal Place of Business

2172 W. NINE MILE RD  
 Suite, Apt. #, etc.  
 #391  
 City & State  
 Pensacola FL  
 Zip  
 32534  
 Country  
 USA

3. Mailing Address

2172 W. NINE MILE RD  
 Suite, Apt. #, etc.  
 #391  
 City & State  
 Pensacola FL  
 Zip  
 32534  
 Country  
 USA

C0067022



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3646026

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

WHITE, ANN L MD  
 528 WEST GARDEN STREET  
 PENSACOLA FL 32501

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, ANN L MD	
STREET ADDRESS	9456 KAINUI DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, HOWARD A	
STREET ADDRESS	9456 KAINUI DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAPMAN, MICHAEL	
STREET ADDRESS	7037 LONGLEAF CREEK DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAPMAN, MARILYN	
STREET ADDRESS	7037 LONGLEAF CREEK DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Howard A. White* **HOWARD A. WHITE** **APR 30, 01** **2066941**

CR2E037 (10/00)