

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005740

FILED
Sep 07, 2006
Secretary of State

Entity Name: EAGLES MOUNT FELLOWSHIP AND PROPHETIC MINISTRIES TRAINING CENTER, INCORPORATED

Current Principal Place of Business:

12311 HUCKLEBERRY CT.
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 311232
TAMPA, FL 33680

New Mailing Address:

12311 HUCKLEBERRY CT.
RIVERVIEW, FL 33569

FEI Number: 59-3667481 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FRAZIER, NELIA H REV.
12311 HUCKLEBERRY
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: FRAZIER, NELIA H REV.
Address: 12311 HUCKLEBERRY CT
City-St-Zip: RIVERVIEW, FL 33569

Title: T () Delete
Name: ANDERSON, TAVIA R
Address: 12311 HUCKLEBERRY CT
City-St-Zip: RIVERVIEW, FL 33569

Title: ST () Delete
Name: FAHY, JOANN
Address: 1516 1ST ST.
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: TT () Delete
Name: ANDERSON, KIMBERLY A
Address: 7885 NIAGARA AVE
City-St-Zip: TAMPA, FL 33617

Title: T () Delete
Name: PINKSTON, CHATEQUA S
Address: 4125 E. BUSCH BLVD APT. 7
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NELIA H. FRAZIER

PT

09/07/2006

Electronic Signature of Signing Officer or Director

Date