2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005740

FILED Sep 05, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

12311 HUCKLEBERRY CT. 7411 E. COMANCHE AVE. RIVERVIEW, FL 33569 TAMPA, FL 33610 US

Current Mailing Address: New Mailing Address:

12311 HUCKLEBERRY CT. 7411 E. COMANCHE AVE. RIVERVIEW, FL 33569 TAMPA, FL 33610

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: Name and Address of New Registered Agent:

FRAZIER, NELIA H REV.

12311 HUCKLEBERRY

RIVERVIEW, FL 33569 US

FRAZIER, NELIA H REV.

7885 NIAGARA AVE.

TAMPA, FL 33617 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: 09/05/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT () Delete Title: PT (X) Change () Addition Name: FRAZIER, NELIA H REV. Name: FRAZIER, NELIA H REV.

 Name:
 FRAZIER, NELIA FIREV.
 Name:
 FRAZIER, NELIA FIREV.

 Address:
 12311 HUCKLEBERRY CT
 Address:
 7885 NIAGARA AVE.

 City-St-Zip:
 RIVERVIEW, FL 33569
 City-St-Zip:
 TAMPA, FL 33617 US

Title: T () Delete Title: T (X) Change () Addition Name: ANDERSON, TAVIA R Name: ANDERSON, TAVIA R

Address: 12311 HUCKLEBERRY CT Address: 7411 E. COMANCHE AVE.
City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: TAMPA, FL 33610 US

Title: ST () Delete Title: ST (X) Change () Addition
Name: FAHY, JOANN Name: PINKSTON, CHATEQUA S

Name: FAHY, JOANN Name: PINKSTON, CHATEQUAS
Address: 1516 1ST ST. Address: 111 ASHBROOK DRIVE
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 City-St-Zip: BRANDON, FL 33511 US

Title: TT () Delete Title: TT (X) Change () Addition

 Name:
 ANDERSON, KIMBERLY A
 Name:
 ANDERSON, KIMBERLY A

 Address:
 7885 NIAGARA AVE
 7885 NIAGARA AVE

 City-St-Zip:
 TAMPA, FL 33617
 City-St-Zip:
 TAMPA, FL 33617 US

Title: T (X) Delete Title: () Change () Addition

 Name:
 PINKSTON, CHATEQUA S
 Name:

 Address:
 4125 E. BUSCH BLVD APT. 7
 Address:

 City-St-Zip:
 TAMPA, FL 33617
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 REV 09/05/2007