

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90097 016 ****61.25

DOCUMENT # N00000006157

1. Entity Name

EAGLE WINGS INTERNATIONAL MINISTRIES, INC.

Principal Place of Business

Mailing Address

**PO BOX 1327
FT LAUDERDALE FL 33311****PO BOX 1327
FT LAUDERDALE FL 33311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1036923

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****BOSKET, BARBARA
742 N.W. 3RD AVE
FT LAUDERDALE FL 33311**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
min. will be \$236.25.****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 **D** ☐ Delete
NAME **BOSKET, BARBARA**
STREET ADDRESS **742 NW 3RD AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33311**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BOSKET, NATHAN**
STREET ADDRESS **742 NW 3RD AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33311**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **WILLIAMS, DARLENE**
STREET ADDRESS **11432 LAKE VIEW DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**TITLE ☒ Change ☐ Addition
NAME **Byrd, Anthony (D)**
STREET ADDRESS **615 N.W. 49th Ave**
CITY-ST-ZIP **Plantation, FL 33317**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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

SIGNATURE REQUIRED

9-10-01

CR2E037 (4/02)