2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000006157

1. Entity Name
EAGLE WINGS INTERNATIONAL MINISTRIES, INC.

Principal Place of Business	Mailing Address
742 NW 3RD AVE. FT LAUDERDALE, FL 33311	PO BOX 1327 FT. LAUDERDALE, FL 33311

04142005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-1036923
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOSKET, BARBARA
742 N.W. 3RD AVE
FT LAUDERDALE, FL 33311

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOSKET, BARBARA
STREET ADDRESS	742 NW 3RD AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 33311
TITLE	SD
NAME	BOSKET, NATHAN
STREET ADDRESS	742 NW 3RD AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 33311
TITLE	TD
NAME	KELLOM, SARAH
STREET ADDRESS	6520 SW 62ND CT
CITY-ST-ZIP	SOUTH MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/21/05-80038-011 61.25

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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: Barbara Bosket 4/20/05 954 523-8254
SIGNATURE AND TYPED OR PRINTED NAME OF ASSIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #