



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90106 034 \*\*\*\*61.25

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>DOCUMENT # N00000006157</b>  |  |  |   |    |  |
| <b>1. Entity Name</b><br><b>EAGLE WINGS INTERNATIONAL MINISTRIES, INC.</b>  |  |  |   |   |  |
| <b>Principal Place of Business</b><br>1000 SOUTH DIXIE HWY., WEST<br>POMPANO BEACH, FL 33060  |  |  | <b>Mailing Address</b><br>PO BOX 1327<br>FT. LAUDERDALE, FL 33311 |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>  |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   | 03162007    Chg-NP    CR2E037 (12/06)   |  |
| <b>City &amp; State</b>   |  | <b>City &amp; State</b>  |   | <b>4. FEI Number</b><br>65-1036923  |  |
| <b>Zip</b>  |  | <b>Country</b>   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>BOSKET, BARBARA<br>742 N.W. 3RD AVE<br>FT LAUDERDALE, FL 33311  |  |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |  |
| <b>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.</b>  |  |  |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____   |  |  |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>   |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>  |  |  |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>      |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>BOSKET, BARBARA<br>742 NW 3RD AVE<br>FT LAUDERDALE, FL 33311     | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP             | Kamesha Moffa H (D)<br>1605 S.W. 2nd St. 201<br>Ft Laud, FL 33312   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BOSKET, NATHAN<br>742 NW 3RD AVE<br>FT LAUDERDALE, FL 33311       | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP             | Kenya Richie (D)<br>2701 N.W. 39th Ave #202<br>Ft Laud, FL 33311  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>SCOTT, JACORY<br>1127 N ANDREW AVE<br>FORT LAUDERDALE, FL 33311   | <input checked="" type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP             | Loretta Tillman (D)<br>1233 N.W. 27th Ave<br>Pompano Bch, FL 33069  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>COREY, TONIA<br>19344 SW 66 ST<br>FORT LAUDERDALE, FL 33332       | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BYRD, ANTHONY<br>615 NW 49TH AVE<br>PLANTATION, FL 33317          | <input checked="" type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>HOWELL, LORRAINE<br>221 NW 11 AVE #2<br>FORT LAUDERDALE, FL 33311 | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b> |  |  |   |   |  |
| <b>SIGNATURE:</b> <u>Barbara Bosket (Barbara Bosket)</u> <u>4.23.07</u> <u>754-234-4248</u>   |  |  |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |  |   |   |  |