

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 03, 2008 8:00 am**  
**Secretary of State**

07-03-2008 90014 008 \*\*\*\*61.25



**DOCUMENT # N00000006157**

1. Entity Name  
**EAGLE WINGS INTERNATIONAL MINISTRIES, INC.**

Principal Place of Business  
~~1000 SOUTH DIXIE HWY., WEST~~  
~~POMPANO BEACH, FL 33060~~

Mailing Address  
PO BOX 1327  
FT. LAUDERDALE, FL 33311



2. Principal Place of Business - No P.O. Box #  
**3624 W. Broward Blvd**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06272008 Chg-NP CR2E037 (12/06)

City & State  
**Fort Lauderdale, FL**

City & State

4. FEI Number  
**65-1036923**

Applied For  
 Not Applicable

Zip  
**33312**

Country  
**US**

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

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  Delete  
NAME **BOSKET, BARBARA**  
STREET ADDRESS **742 NW 3RD AVE**  
CITY-ST-ZIP **FT LAUDERDALE, FL 33311**

TITLE D  Delete  
NAME **BOSKET, NATHAN**  
STREET ADDRESS **742 NW 3RD AVE**  
CITY-ST-ZIP **FT LAUDERDALE, FL 33311**

TITLE D  Delete  
NAME **MOFFAH, KAMESHA**  
STREET ADDRESS **1505 SW 2ND ST #201**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE D  Delete  
NAME **COREY, TONIA**  
STREET ADDRESS **19344 SW 66 ST**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33332**

TITLE D  Delete  
NAME **RICHIE, KENYA**  
STREET ADDRESS **2701 NW 39TH AVE #202**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33311**

TITLE D  Delete  
NAME **HOWELL, LORRAINE**  
STREET ADDRESS **221 NW 11 AVE #2**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33311**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **MOFFAH, KAMESHA**  
STREET ADDRESS **1505 SW 2ND St. 201**  
CITY-ST-ZIP **Fort Lauderdale, FL 33312**

TITLE  Change  Addition  
NAME **Carol Prescott**  
STREET ADDRESS **5905 N.W. 23 St.**  
CITY-ST-ZIP **lauderhill, FL 33313**

TITLE  Change  Addition  
NAME **Richie, Kenya**  
STREET ADDRESS **2701 N.W. 39th Ave #202**  
CITY-ST-ZIP **Fort Lauderdale, FL 33311**

TITLE  Change  Addition  
NAME **(Teresa) Parrish**  
STREET ADDRESS **4810 N.W. 8th Drve**  
CITY-ST-ZIP **Plantation, FL 33317**

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.

**SIGNATURE:** *Barbara Bosket*

**4/27/08** **954-990-4685**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #