


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90018 024 ****61.25

DOCUMENT # N01000001177 1. Entity Name THE EAGLES' WINGS FOUNDATION, INC.					
Principal Place of Business 375 POSSUM PASS W. PALM BCH, FL 33413			Mailing Address 375 POSSUM PASS W. PALM BCH, FL 33413		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1089571	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWIS, SCOTT P 375 POSSUM PASS W. PALM BCH, FL 33413			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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, 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, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPP, WILLIAM 1105 LAKE CLARKE DRIVE W. PALM BCH, FL 33406		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, SCOTT P 375 POSSUM PASS W. PALM BCH, FL 33413		D OLIVIA A. TARTAKOW, LCSW, M.Ed. 5841 Corporate Way, Suite 200 West Palm Beach, FL 33407		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, CAROL J 375 POSSUM PASS W. PALM BCH, FL 33413		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESINGER, JOHN C 200 DESOTA RD. W. PALM BCH, FL 33405		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, WILLIAM 780 SW 31ST STREET PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, CAROLYN 550 S. OCEAN BLVD. PALM BCH, FL 33480		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: Carol J. Lewis, Director CAROL J. LEWIS, DIR. 2/19/08 561-689-6283 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					