


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000008258 1. Entity Name EAGLE'S NEST INTERNATIONAL CHURCH, INC.	
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Principal Place of Business 2229 EARLEAF CT. LONGWOOD, FL 32779	Mailing Address 2229 EARLEAF CT. LONGWOOD, FL 32779
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DO NOT WRITE IN THIS SPACE



07022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3761031	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BEIK, STEPHEN W 405 DOUGLAS AVE SUITE 1555 ALTAMONTE SPRINGS, FL 32714
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEIK, MARY A 2229 EARLEAF CT. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BINDA, PAM 5542 CALAIS ERT MISSISSAUGA ONTARIO, CANADA, L5M-3Z
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLAIR, PATSY 5227 BRADFORD RD APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000768783 07/16/07-80001-002 61.25</p> DO NOT WRITE IN THIS SPACE

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: Mary A Beik MARY A. BEIK 7.11.07 407 333 678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #