

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90126 001 ****61.25
04-24-2008 90126 002 *****8.75

DOCUMENT # N01000008258

1. Entity Name
EAGLE'S NEST INTERNATIONAL CHURCH, INC.



Principal Place of Business
2229 EARLEAF CT.
LONGWOOD, FL 32779

Mailing Address
2229 EARLEAF CT.
LONGWOOD, FL 32779

66007742



03262008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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
409 DOUGLAS AVE
SUITE 1008
ALTAMONTE SPRINGS, FL 32714

**DO NOT WRITE
IN THIS SPACE**

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

Stephen W. Beik

(NOTE: Registered Agent signature required when renewing)

April 8, 2008

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BEIK, MARY A
STREET ADDRESS	2229 EARLEAF CT.
CITY - ST - ZIP	LONGWOOD, FL 32779
TITLE	SD
NAME	BINDA, PAM
STREET ADDRESS	5542 CALAIS ERT MISSISSAUGA
CITY - ST - ZIP	ONTARIO, CANADA, L5M-3Z
TITLE	TD
NAME	BLAIR, PATSY
STREET ADDRESS	5227 BRADFORD RD
CITY - ST - ZIP	APOPKA, FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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**

48108

4073333678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #