

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N01000008924**

1. Entity Name

**EAGLES' WINGS WORSHIP CENTER, INC.**

Principal Place of Business

**4701 N E 22ND TERRACE  
OCALA FL 34479**

Mailing Address

**4701 N E 22ND TERRACE  
OCALA FL 34479**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 9095**

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**OCALA FL**

Zip

Country

Zip

Country

**34479**

4. FEI Number

**03-0372847**

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**JENKINS, JERRY  
4701 N E 22ND TERRACE  
OCALA FL 34479**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	JENKINS, JERRY	
STREET ADDRESS	4701 N E 22ND TERRACE	
CITY-ST-ZIP	OCALA FL 34479	

TITLE	ST	<input type="checkbox"/> Delete
NAME	JENKINS, LIBRANDA	
STREET ADDRESS	4701 N E 22ND TERRACE	
CITY-ST-ZIP	OCALA FL 34479	

TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	FERRER, JILL	
STREET ADDRESS	13680 S W 61ST LANE	
CITY-ST-ZIP	OCALA FL 34481	

TITLE	TT	<input type="checkbox"/> Delete
NAME	ISAZA, MARTHA	
STREET ADDRESS	7005 S E 135TH STREET	
CITY-ST-ZIP	SUMMERFIELD FL 34491	

TITLE	T	<input type="checkbox"/> Delete
NAME	ROORDA, RICHARD	
STREET ADDRESS	29 BANYAN DRIVE	
CITY-ST-ZIP	OCALA FL 34472	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**SIGNATURE REQUIRED**  
**Jerry Jenkins**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3/26/02**  
Date**352-816-1314**  
Daytime Phone #**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90098 045 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)