

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001832

FILED
Mar 19, 2008
Secretary of State

Entity Name: SOARING EAGLE MINISTRIES, INC.

Current Principal Place of Business:

13757 HUNTERWOOD RD.
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 350352
JACKSONVILLE, FL 32235

New Mailing Address:

FEI Number: 22-3441494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILPIN, GABRIELE W REV.
13757 HUNTERWOOD RD.
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GILPIN, GABRIELE W REV.
Address: 13757 HUNTERWOOD RD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD () Delete
Name: BRIERS, ELSABE
Address: 355 MONUMENT RD #25A1
City-St-Zip: JACKSONVILLE, FL 32225

Title: D (X) Delete
Name: FARAONE, PHIL
Address: 108 ELMORE DRIVE
City-St-Zip: WARNER ROBINS, GA 31088

Title: D () Delete
Name: AMODIO, PAT
Address: 738 ARROW DR
City-St-Zip: TOMS RIVER, NJ 08753

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIELE GILPIN

P

03/19/2008

Electronic Signature of Signing Officer or Director

Date