


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N02000003376	
<b>1. Entity Name</b> EAGLE WINGS NURSING HOME MINISTRIES, INC.	

<b>Principal Place of Business</b> 771 DOUGLAS AVE WINTER PARK, FL 32789	<b>Mailing Address</b> 771 DOUGLAS AVE WINTER PARK, FL 32789
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03172005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FBI Number</b> 03-0446645	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  POLLARD, VERDELL 771 DOUGLAS AVE WINTER PARK, FL 32789	<b>DO NOT WRITE IN THIS SPACE</b>
<b>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.</b>	

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
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<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> PD	<b>NAME</b> POLLARD, VERDELL
<b>STREET ADDRESS</b> 771 DOUGLAS AVE	<b>CITY-ST-ZIP</b> WINTER PARK, FL 32789
<b>TITLE</b> V	<b>NAME</b> POLLARD, EMMITT
<b>STREET ADDRESS</b> 771 DOUGLAS AVE	<b>CITY-ST-ZIP</b> WINTER PARK, FL 32789
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

U00000280829  
03/30/05-80035-011 61.25

**DO NOT WRITE IN THIS SPACE**

<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</b>
<b>SIGNATURE:</b> <i>Verdell Pollard</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
<b>3-28-05</b> <b>407-599-9726</b> Date Daytime Phone #