

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003376

**FILED**  
**Mar 05, 2010**  
**Secretary of State**

**Entity Name:** EAGLE WINGS NURSING HOME MINISTRIES, INC.

**Current Principal Place of Business:**

771 DOUGLAS AVE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

771 DOUGLAS AVE  
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number:** 03-0446645

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POLLARD, VERDELL  
771 DOUGLAS AVE  
WINTER PARK, FL 32789 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:** PD  
**Name:** POLLARD, VERDELL  
**Address:** 771 DOUGLAS AVE  
**City-St-Zip:** WINTER PARK, FL 32789

**Title:** PD  
**Name:** POLLARD, EMMITT  
**Address:** 771 DOUGLAS AVE  
**City-St-Zip:** WINTER PARK, FL 32789

**Title:** PD  
**Name:** POLLARD, VERDELL PD  
**Address:** 200 NORTH DENNING AVENUE  
**City-St-Zip:** WINTER PARKING, FL 32789

I hereby 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 all other like empowered.

**SIGNATURE:** VERDELL POLLARD

PD

03/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date