

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90814 001 ***183.75

DOCUMENT # N02000005926

1. Entity Name
EAGLES HARVEST INTERNATIONAL FELLOWSHIP, INC.



Principal Place of Business
**10557 BEACH BLVD.
JACKSONVILLE, FL 32246**

Mailing Address
**10557 BEACH BLVD.
JACKSONVILLE, FL 32246**

66418075



2. Principal Place of Business

10551 BEACH BLVD

Suite, Apt. #, etc.

3. Mailing Address

10551 BEACH BLVD

Suite, Apt. #, etc.

04302004

Chg-NP

CR2E037 (10/03)

City & State

Jax, FL

32246

Country

USA

City & State

Jax, FL

32246

Country

USA

4. FEI Number

54-2065766

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WASHINGTON, RODNEY J
9960 BYRNES RD
JACKSONVILLE, FL 32246**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WASHINGTON, R. J. PAST
STREET ADDRESS 13680 MARHAMHILL DR.
CITY-ST-ZIP JACKSONVILLE, FL 32225

☐ Delete

TITLE VT
NAME WASHINGTON, APRIL
STREET ADDRESS 13680 MARHAMHILL DR.
CITY-ST-ZIP JACKSONVILLE, FL 32225

☐ Delete

TITLE ST
NAME MAGEE, LAVONIA
STREET ADDRESS 4764 FIRESIDES DR W.
CITY-ST-ZIP JACKSONVILLE, FL 32210

☐ Delete

TITLE T
NAME PETTAWAY, BRODERICK
STREET ADDRESS 12021 MCCORMICK RD. #804
CITY-ST-ZIP JACKSONVILLE, FL 32225

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VTD
NAME WASHINGTON, APRIL
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TD
NAME PETTAWAY, BRODERICK
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PASTOR R.J. WASHINGTON, SR.

4/30/04

Date

(904) 646-9991

Daytime Phone #