## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DOCUMENT # N02000005926** 

1. Entity Name

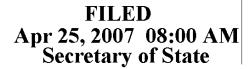
EAGLES DIMENSIONS INTERNATIONAL FELLOWSHIP,



Principal Place of Business

10551 BEACH BLVD. JACKSONVILLE, FL 32246 Mailing Address

10551 BEACH BLVD. JACKSONVILLE, FL 32246





04092007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 54-2065766

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

WASHINGTON, RODNEY J 9960 BYRNES RD JACKSONVILLE, FL 32246

## DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its registered o	ffice or re	egistered agent, or both, in	n the State of Florida. I am far	niliar with, and accept	
SIGNATURE	Sizah	Local Design					
	Signature, typed or printed name of registered agent and title	HI applicable (NOTE: Hegistered Age	ni signature	required when reinstating)	DATE	<del> </del>	
-	Filling Fee is \$61.25 Due by May 1, 2007	Election Campaign Financing     Trust Fund Contribution.	, 🗆	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRE	CTORS			**************************************	`	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WASHINGTON, R. J. PAST 13680 MARHAMHILL DR. JACKSONVILLE, FL 32225						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WASHINGTON, APRIL 13680 MARHAMHILL DR. JACKSONVILLE, FL 32225				U90000730: 05/08/07-801:	963 02-002 70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETTAWAY, BRODERICK 12021 MCCORMICK RD. #804 JACKSONVILLE, FL 32225			DO N	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN T	HIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated of the corchanged.	entify that the information supplied with this on this report or supplemental report is true portation or the receiver or trustee empowere or on an attachment with an address, with a	filing does not qualify for the exempt and accurate and that my signature d to execute this report as required to the like empowered.	ions cor shall hav by Chapt	ntained in Chapter 119, Flo e the same legal effect as er 617, Florida Statutes; a	orida Statutes. I further certify of made under oath; that I am nd that my name appears in B	that the information an officer or director lock 10 or Block 11 if	