

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000006977

**FILED**  
**Oct 06, 2007**  
**Secretary of State**

**Entity Name:** ON EAGLES' WINGS WOMEN'S CRISIS CENTER, INC.

**Current Principal Place of Business:**

344 SE BAYA DR  
LAKE CITY, FL 32025

**New Principal Place of Business:**

344 SE BAYA DR  
LAKE CITY, FL 32025 US

**Current Mailing Address:**

344 SE BAYA DR  
LAKE CITY, FL 32025

**New Mailing Address:**

P.O. BOX 1562  
LAKE CITY, FL 32056 US

**FEI Number:** 50-0005970 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

RUCKE, LINDA M  
170 NE WILLIAMS ST  
LAKE CITY, FL 32055 US

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

RUCKER-BROWN, LINDA M  
170 NE WILLIAMS ST  
LAKE CITY, FL 32055 US

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: LINDA RUCKER-BROWN

10/06/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: RUCKER, LINDA M  
Address: RR 7 BOX 556  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete  
Name: WALTERS, RONALD V  
Address: 541 NE DAVIS AVE.  
City-St-Zip: LAKE CITY, FL 32055

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PT (X) Change ( ) Addition  
Name: RUCKER-BROWN, LINDA  
Address: 170 NE WILLIAMS ST  
City-St-Zip: LAKE CITY, FL 32055 US

Title: D (X) Change ( ) Addition  
Name: WALTERS, RONALD V  
Address: 541 NE DAVIS AVE.  
City-St-Zip: LAKE CITY, FL 32055 US

Title: D ( ) Change (X) Addition  
Name: WHITE, OTHA  
Address: 110 LAFAYETTE AVE. SW  
City-St-Zip: LIVE OAK, FL 32064 US

Title: D ( ) Change (X) Addition  
Name: LYONS, KATHY  
Address: 366 SW ST JOHNS STREET #102  
City-St-Zip: LAKE CITY, FL 32054 US

Title: D ( ) Change (X) Addition  
Name: MCKAY, EDDIE  
Address: 613 GREEN MEADOW AVE  
City-St-Zip: MAITLAND, FL 32751 US

Title: D ( ) Change (X) Addition  
Name: DEVANE, VERLEEN  
Address: 5601 CALIFORNIA AVE  
City-St-Zip: JACKSONVILLE, FL 32244 US

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: LINDA RUCKER-BROWN

PT

10/06/2007

Electronic Signature of Signing Officer or Director

Date