2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006977

FILED
May 04, 2009
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 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 50-0005970 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

RUCKER-BROWN, LINDA M
170 NE WILLIAMS ST
LAKE CITY, FL 32055 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:	PT ( ) Delete
Name:	RUCKER-BROWN, LINDA
Address:	170 NE WILLIAMS ST
City-St-Zip:	LAKE CITY, FL 32055 US
Title:	D ( ) Delete
Name:	WALTERS, RONALD V
Address:	541 NE DAVIS AVE.
City-St-Zip:	LAKE CITY, FL 32055 US
Title:	D ( ) Delete
Name:	WHITE, OTHA
Address:	110 LAFAYETTE AVE. SW
City-St-Zip:	LIVE OAK, FL 32064 US
Title:	D ( ) Delete
Name:	MCKAY, EDDIE
Address:	613 GREEN MEADOW AVE
City-St-Zip:	MAITLAND, FL 32751 US
Title:	D ( ) Delete
Name:	DEVANE, VERLEEN
Address:	5601 CALIFORNIA AVE
City-St-Zip:	JACKSONVILLE, FL 32244 US
Title:	D ( ) Delete
Name:	MCKAY, VERONICA
Address:	613 GREEN MEADOW AVE
City-St-Zip:	MAITLAND, FL 32751 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	D (X) Change ( ) Addition
Name:	TROUPE, DIANE
Address:	344 SE BAYA DR
City-St-Zip:	LAKE CITY, FL 32025 US
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 D 05/04/2009
Electronic Signature of Signing Officer or Director Date