2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006977

FILED Jan 14, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

344 SE BAYA DR 185 SE BAYA DRIVE

LAKE CITY, FL 32025 US LAKE CITY, FL 32025 US

Current Mailing Address: 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 ()

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PT

Name: RUCKER-BROWN, LINDA Address: 170 NE WILLIAMS ST City-St-Zip: LAKE CITY, FL 32055 US

Title: D

Name: TROUPE, DIANE Address: 19874 CR 137

City-St-Zip: WELLBORN, FL 32094 US

Title:

Name: WHITE, OTHA

Address: 110 LAFAYETTE AVE. SW City-St-Zip: LIVE OAK, FL 32064 US

Title: [

Name: MCKAY, EDDIE

Address: 613 GREEN MEADOW AVE City-St-Zip: MAITLAND, FL 32751 US

Title:

 Name:
 DEVANE, VERLEEN

 Address:
 5601 CALIFORNIA AVE

 City-St-Zip:
 JACKSONVILLE, FL 32244 US

Title:

 Name:
 MCKAY, VERONICA

 Address:
 613 GREEN MEADOW AVE

 City-St-Zip:
 MAITLAND, FL 32751 US

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: LINDA BROWN DIR 01/14/2010