

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006977

FILED
May 09, 2012
Secretary of State

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

Current Principal Place of Business:

185 SE BAYA DRIVE
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 ()

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

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

Title: D
Name: DEVANE, VERLEEN
Address: 5601 CALIFORNIA AVE
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: D
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

PT

05/09/2012

Electronic Signature of Signing Officer or Director

Date