


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000001183 1. Entity Name EAGLES OF HOPE, INC.	
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Principal Place of Business 1001 IVES DIARY ROAD SUITE 206 MIAMI, FL 33179	Mailing Address 1001 IVES DIARY ROAD SUITE 206 MIAMI, FL 33179
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01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0596352	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAW OFFICES OF CRAIG M. DORNE, P.A. 407 LINCOLN ROAD PENTHOUSE SOUTHEAST MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWILLEY, W. DUANE 1001 IVES DIARY ROAD SUITE 206 MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWILLEY, DEBORAH L 1001 IVES DIARY ROAD SUITE 206 MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWILLEY, JOSHUA E 1001 IVES DIARY ROAD SUITE 206 MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000311932
04/18/05-80065-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-5 **305 652 3900**
Date Daytime Phone #