


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90064 035 ****70.00

DOCUMENT # N03000003634 1. Entity Name EAGLE WORLDWIDE MINISTRIES, INC.					
Principal Place of Business 2260 EAST JOHNSON AVENUE PENSACOLA, FL 32514			Mailing Address P.O. BOX 1141 FORT WALTON BCH, FL 32549		
2. Principal Place of Business - No P.O. Box # 609 Dundee Drive		3. Mailing Address P.O. Box 39			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Pensacola, Florida		City & State Copetown, ON			
Zip 32507		Country U.S.A.		Zip LOR 1S0	
Country Canada		4. FEI Number 03-0517199			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WETZEL, PAUL REV. 2260 EAST JOHNSON AVENUE PENSACOLA, FL 32514			7. Name and Address of New Registered Agent Name Jimmy Weaver Street Address (P.O. Box Number is Not Acceptable) 609 Dundee Drive City Pensacola FL Zip Code 32507		
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 <u>Jimmy Weaver</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STONER, HARLIN 770 CROOKED OAK DR PENSACOLA, FL 32514		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WETZEL, PAUL REV. 1650 SUNNY RIDGE LANE CANTONMENT, FL 32533		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIESON, JOAN REV. 15 BELLERIVE ACRES ST. LOUIS, MO 63121		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOYER, MAVIS REV. 73 EMERALD STREET NORTH HAMILTON, ONTARIO L8L 5K2, ON CANADA		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOYER, RUSSELL S REV. 73 EMERALD ST. NORTH HAMILTON, ONTARIO L8L 5K2, ON CANADA		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TROY HUGHES 9314 East Carondelet Drive Manassas, VA 20111		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

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