

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003634

FILED
Apr 20, 2009
Secretary of State

Entity Name: EAGLE WORLDWIDE MINISTRIES, INC.

Current Principal Place of Business:

609 DUNDEE DRIVE
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

609 DUNDEE DRIVE
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 03-0517199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEAVER, JIMMY
609 DUNDEE DRIVE
PENSACOLA, FL 32507 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: D () Delete
Name: STONER, HARLIN
Address: 770 CROOKED OAK DR
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: WETZEL, PAUL REV.
Address: 1650 SUNNY RIDGE LANE
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: GIESON, JOAN REV.
Address: 15 BELLERIVE ACRES
City-St-Zip: ST. LOUIS, MO 63121

Title: D () Delete
Name: MOYER, MAVIS REV.
Address: 73 EMERALD STREET NORTH
City-St-Zip: HAMILTON, ONTARIO L8L 5K2, ON CANADA

Title: D () Delete
Name: MOYER, RUSSELL S REV.
Address: 73 EMERALD ST. NORTH
City-St-Zip: HAMILTON, ONTARIO L8L 5K2, ON CANADA

Title: D () Delete
Name: HUGES, TROY
Address: 9314 EAST CARONDELECT DRIVE
City-St-Zip: MANASSAS, VA 20111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: JIMMY WEAVER

ACC

04/20/2009

Electronic Signature of Signing Officer or Director

Date