

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008003

**FILED**  
**Jan 23, 2012**  
**Secretary of State**

**Entity Name:** EAGLE M-16 FOUNDATION , INCORPORATED.

**Current Principal Place of Business:**

4365 45TH STREET SOUTH  
ST. PETERSBURG, FL 33711

**New Principal Place of Business:**

**Current Mailing Address:**

4365 45TH STREET SOUTH  
ST. PETERSBURG, FL 33711

**New Mailing Address:**

**FEI Number:** 20-0315476

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALTON, ROBERT W  
4365 45TH STREET SOUTH  
ST. PETERSBURG, FL 33711 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  
**Name:** WALTON, KAREN L  
**Address:** 12469 WENDELL HOLMES ROAD  
**City-St-Zip:** OAK HILL, VA 20171

**Title:** D  
**Name:** CAMERON, CAROLEE W  
**Address:** 1665 SHERWOOD COURT  
**City-St-Zip:** SHERRILLS FORD, NC 28673

**Title:** MD  
**Name:** WALTON, ROBERT W  
**Address:** 4365 45TH STREET SOUTH  
**City-St-Zip:** ST. PETERSBURG, FL 33731

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:** ROBERT W. WALTON

MD

01/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date