2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State
03-02-2005 90083 022 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # N04000006003

1. Entity Name

ON EAGLESWINGS MINISTRIES, INC.

Principal Place of Business	Mailing Address
~~2830 NE INDIAN RIVER DR #308~~ NEW ADD: 8680 HWY 441 SE #7	NEW ADD: SAME AS P ~~PO BOX 948~~
~~JENSEN BEACH FL 34957~~ OKEECHOBEE, FL 34974	~~JENSEN BEACH FL 34968-0948~~ OKEEC

2. Principal Place of Business	3. Mailing Address
8680 Hwy 441 SE #7	SAME AS Physical
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OKEECHOBEE, FL	City & State: OKEECHOBEE, FL
Zip: 34974 Country: OKEECHOBEE	Zip: 34974 Country: OKEECHOBEE

4. FEI Number: 74-3142386 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STONE, DOROTHY L ~~3830 NE INDIAN RIVER DR #308~~ 8680 Hwy 441 SE #7 ~~JENSEN BEACH FL 34957~~ OKEECHOBEE, FL 34974	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: Dorothy L Stone DOROTHY L. STONE - DIRECTOR 2/16/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 STONE, JEFFERY D 3830 NE INDIAN RIVER DR #308 JENSEN BEACH FL 34957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JEFFERY D. STONE 8680 Hwy 441 SE #7 OKEECHOBEE, FL 34974	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STONE, DOROTHY L 3830 NE INDIAN RIVER DR #308 JENSEN BEACH FL 34957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DOROTHY L STONE 8680 Hwy 441 SE #7 OKEECHOBEE, FL 34974	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, STEVE 3830 NE INDIAN RIVER DR #308 JENSEN BEACH FL 34957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STEVE TAYLOR 1662 BELLA VISTA WAY PORT ST LUCIE, FL 34952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, SUE 3830 NE INDIAN RIVER DR #308 JENSEN BEACH FL 34957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SUE TAYLOR 1662 BELLA VISTA WAY PORT ST LUCIE, FL 34952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 empowered.

SIGNATURE: Dorothy L Stone DOROTHY L STONE 2/16/05 772-215-2594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #