

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90158 001 *****8.75

04-14-2006 90158 002 *****61.25

DOCUMENT # N04000006631					
1. Entity Name EAGLE MINISTRIES, INC.					
Principal Place of Business 1415 CLARKS SUMMIT CT ORLANDO, FL 32828			Mailing Address 1415 CLARKS SUMMIT CT ORLANDO, FL 32828		
2. Principal Place of Business 3709 S. ALASKA ST.		3. Mailing Address 3709 S. ALASKA ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03302006 Chg-NP CR2E037 (11/05)	
City & State TACOMA, WA		City & State TACOMA WA		4. FEI Number 30-0263341	
Zip 98418		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent THOMAS, DANNY R 1415 CLARKS SUMMIT CT ORLANDO, FL 32828			7. Name and Address of New Registered Agent Name TAMMY HOSKINS Street Address (P.O. Box Number is Not Acceptable) 5539 NW 57th PLACE City COVINGTON SPRINGS FL Zip Code 33067		
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 <i>Tammy L Hoskins</i>		DATE 03/04/06			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2006		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	PRES THOMAS, DANNY R 1415 CLARKS SUMMIT CT ORLANDO, FL 32828	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA ELDER, JARED 590 N. HICKORY BLVD DES MOINES, IA 50317	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC GRUENER, ROGER 615 37TH AVE NW GIG HARBOR, WA 98335	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	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: <i>Danny R Thomas</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 3/30/06	
DAYTIME PHONE # 305-970-1155					