

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006631

FILED
Feb 20, 2008
Secretary of State

Entity Name: EAGLE MINISTRIES, INC.

Current Principal Place of Business:

3709 S ALASKA ST
TACOMA, WA 98418

New Principal Place of Business:

Current Mailing Address:

3709 S ALASKA ST
TACOMA, WA 98418

New Mailing Address:

FEI Number: 30-0263341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOSKINS, TAMMY
8839 NW 57ST PLACE
CORAL SPRINGS, FL 33067 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: PRES () Delete
Name: THOMAS, DANNY R
Address: 3709 S ALASKA ST
City-St-Zip: TACOMA, WA 98418

Title: TREA () Delete
Name: ELDER, JARED
Address: 590 N. HICKORY BLVD
City-St-Zip: DES MOINES, IA 50317

Title: SEC' () Delete
Name: GRUENER, ROGER
Address: 615 37TH AVE NW
City-St-Zip: GIG HARBOR, WA 98335

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:

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: DANNY R. THOMAS

PRES

02/20/2008

Electronic Signature of Signing Officer or Director

Date