2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2008 8:00 am Secretary of State

DOCUMENT # N0400008608 1. Entity Name EAGLES NEST MINISTRIES INC. OF LAKE PLACID FLORIDA					0	1-11-2008	90034 0	04 ****6	51.25
Principal Place of Business Mailing Address 2572 ABELL ROAD 2572 ABELL ROA LAKE PLACID, FL 33852 LAKE PLACID, FL			352			 			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01082008 Ch	ıg-NP	CR2E03	7 (12/06)	
City & State		City & State			4. FEI Number 57-121061	4 ·		<u> </u>	plied For
Zip	Country	Zip Co		,	5 Certificate of Status Desired \$8.75 Ac		\$8.75 Add	litional	
	6. Name and Address of Current	Registered Agent	·1—·		7. Name and Add	ress of New R	egistered A	gent	
		.g.=	Na	lame				7	
DURRANCE, WAYDON 2572 ABELL ROAD LAKE PLACID, FL: 33852			Sti	Street Address (P.O. Box Number is Not Acceptable)					
			Ci	ity			FL	Zip Code	e
	named entity submits this statement follows of registered agent.	or the purpose of changing it	s registered of	flice or register	red agent, or both, in	the State of Flo	orida. I am fi	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agen	t and title of combanities (NO						-	
	in .	rand like ir appricable. (NO	IE: Registered Ager	ent signature required	1 when reinstating)		DATE		
		9. Election Ca			\$5.00 May Be Added to Fees		iake check	payable to ment of St	
10.	Filing Fee is \$61.25	9. Election Ca Trust Fund	ımpaign Financ	ncing	\$5.00 May Be	Flor	iake check ida Depart	ment of St	ate
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Ca Trust Fund	ampaign Financ Contribution.	ncing	\$5.00 May Be Added to Fees	Flor	iake check ida Depart	ment of St	ate
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2. 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: Marily M. Duranue 1-8-08 863-441-2204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Degree Phone 4