

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009237

FILED
Mar 23, 2009
Secretary of State

Entity Name: EAGLE'S NEST COMMUNITY CHURH, INC.

Current Principal Place of Business:

3400 GULFSTREAM ROAD
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

3400 GULFSTREAM ROAD
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 81-0662728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLAIN, BETTY
3400 GULFSTREAM ROAD
ORLANDO, FL 32805 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 () Delete
Name: MCCLAIN, CLIFFORD
Address: 3400 GULFSTREAM ROAD
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: MCCLAIN, BETTY
Address: 3400 GULFSTREAM ROAD
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: MATTHEWS, CHRISTELLA
Address: 7056 COUPERIN BLVD
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: CHANDLER, WANDA
Address: 6912 OUTLAW CIRCLE APT1
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: BENJAMIN, RANDY L
Address: 4727 S TEXAS AVE APT A
City-St-Zip: ORLANDO, FL 32805

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:

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: CLIFFORD MCCLAIN

D

03/23/2009

Electronic Signature of Signing Officer or Director

Date