


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000003315 1. Entity Name EAGLES WAY OUTREACH, INC.	
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Principal Place of Business 1803 SYLVIA STREET LAKE PLACID, FL 33852-5612	Mailing Address 1803 SYLVIA STREET LAKE PLACID, FL 33852-5612
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03272008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0300192	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LIGHTSEY, BOBBY D 1803 SYLVIA STREET LAKE PLACID, FL 33852-5612

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000876288
04/11/08-80067-024 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIGHTSEY, BOBBY D 1803 SYLVIA STREET LAKE PLACID, FL 338525612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS LIGHTSEY, KAREN 1803 SYLVIA STREET LAKE PLACID, FL 338525612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, LARRY 6505 FOSTER RD SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLAND, FLOYD 3735 PINEVIEW DR SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Karen Lightsey Karen Lightsey 3/29/08 863-465-0986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #