

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005277

FILED
Jan 17, 2009
Secretary of State

Entity Name: EAGLES NEST CHRISTIAN CENTER, INC.

Current Principal Place of Business:

304 WHITE OAK DRIVE
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

PO BOX 608097
ORLANDO, FL 32860

New Mailing Address:

FEI Number: 62-1520175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPTON, BONNIE
304 WHITE OAK DRIVE
ALTAMONTE SPRINGS, FL 32701 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: P () Delete
Name: COMPTON, WILL
Address: PO BOX 608097
City-St-Zip: ORLANDO, FL 32860

Title: V () Delete
Name: COMPTON, BONNIE
Address: PO BOX 608097
City-St-Zip: ORLANDO, FL 32860

Title: ST () Delete
Name: FARLEY, STEWART K
Address: HC 34 BOX 321
City-St-Zip: LEWISBURG, WV 24901

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: V PRESIDENT / BONNIE COMPTON

RA

01/17/2009

Electronic Signature of Signing Officer or Director

Date