

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006487

**FILED**  
**Apr 28, 2007**  
**Secretary of State**

**Entity Name:** EAGLES REST MINISTRIES, INC.

**Current Principal Place of Business:**

P O BOX 688  
APOPKA, FL 327040688

**New Principal Place of Business:**

679 JAMESTOWN BLVD.  
# 2031  
ALTAMONTE SPRINGS, FL 32714 US

**Current Mailing Address:**

P O BOX 688  
APOPKA, FL 327040688

**New Mailing Address:**

P O BOX 688  
APOPKA, FL 327040688 US

**FEI Number:** 20-1544506

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ANDERSON, NANCY L  
2714 BICKLEY DR  
APOPKA, FL 32712 US

**Name and Address of New Registered Agent:**

ANDERSON, NANCY L  
679 JAMESTOWN BLVD.  
# 2031  
ALTAMONTE SPRINGS, FL 32714 US

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:**

04/28/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: THRELKELD, LYNN  
Address: 126 LISA LOOP  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete  
Name: HAMMETT, CHRIS  
Address: 1232 LAKECREST DR  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: KELLER, PAT  
Address: 298 S FOX CHASE PT  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ANDERSON, NANCY L  
Address: 679 JAMESTOWN BLVD. # 2031  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: D (X) Change ( ) Addition  
Name: THRELKELD, LYNN  
Address: 126 LISA LOOP  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: D (X) Change ( ) Addition  
Name: KELLER, PAT  
Address: 298 S FOX CHASE PT  
City-St-Zip: LONGWOOD, FL 32779 US

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:** NANCY L. ANDERSON

P

04/28/2007

Electronic Signature of Signing Officer or Director

Date