

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006487

FILED
Apr 16, 2008
Secretary of State

Entity Name: EAGLES REST MINISTRIES, INC.

Current Principal Place of Business:

679 JAMESTOWN BLVD.
2031
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

2027 BLUFF OAK ST.
APOPKA, FL 32712 US

Current Mailing Address:

P O BOX 688
APOPKA, FL 327040688 US

New Mailing Address:

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
679 JAMESTOWN BLVD.
2031
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

ANDERSON, NANCY L
2027 BLUFF OAK ST.
APOPKA, FL 32712 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:

04/16/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANDERSON, NANCY L
Address: 2027 BLUFF OAK ST.
City-St-Zip: APOPKA, FL 32712 US

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

Title: O (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

04/16/2008

Electronic Signature of Signing Officer or Director

Date