## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000008933

FILED Jun 19, 2007 Secretary of State

Entity Name: WHERE THE EAGLES SOAR MINISTRY, INC.

Current F	Principal Place of Business:	New Principal Place of Business:
4 PINE CO OCALA, F	DURSE COURT EL 34472	
Current N	Nailing Address:	New Mailing Address:
4 PINE CO OCALA, F	DURSE COURT EL 34472	
n accordar	r: 84-1716122 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation did d Address of Current Registered Agent:	•
Name and	a Address of Ourrent Registered Agent.	Haine and Address of New Registered Agent.
	EZ, JORGE L DURSE COURT EL 34472 US	
	e named entity submits this statement for th e of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registered A	Agent Date
		igent Bate
OFFICER	S AND DIRECTORS:	
Fitle: Name: Address:	-	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	S AND DIRECTORS:  P () Delete GONZALEZ, JORGE L 4 PINE COURSE COURT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Title: ( ) Change ( ) Addition  Name: Address:
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	S AND DIRECTORS:  P () Delete GONZALEZ, JORGE L 4 PINE COURSE COURT OCALA, FL 34472  V () Delete GONZALEZ, MARIA M 4 PINE COURSE COURT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:
OFFICER  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  City-St-Zip:  City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip:	P () Delete GONZALEZ, JORGE L 4 PINE COURSE COURT OCALA, FL 34472  V () Delete GONZALEZ, MARIA M 4 PINE COURSE COURT OCALA, FL 34472  S () Delete AGUILAR, TERESA 474 LAKE ROAD	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: MARIA GONZALEZ V 06/19/2007