# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 25, 2009**
**Secretary of State**

DOCUMENT# N06000011469

**Entity Name:** SOARING EAGLE FOUNDATION, INC.

**Current Principal Place of Business:**

833 FERNDALE AVE.
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

833 FERNDALE AVE.
ROCKLEDGE, FL 32955

**New Mailing Address:**

836 FERNDALE AVE.
ROCKLEDGE, FL 32955

**FEI Number: 03-0608359** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

FERGUSON, RODERICK
4097 SAN BELUGA WAY
ROCKLEDGE, FL 32955 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: PD ( ) Delete
Name: FERGUSON, RODERICK
Address: 4097 SAN BELUGA WAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: VD ( ) Delete
Name: YARBROUGH, KEITH
Address: 1089 FAIRLAWN DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD ( ) Delete
Name: LYONS, DEBBIE
Address: 324 BARRYMOORE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD ( ) Delete
Name: GRAHAM, LINDA
Address: 3711 CROSS BOW DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

**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:

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: RODERICK S. FERGUSON PD 03/25/2009

Electronic Signature of Signing Officer or Director — Date