FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 6:11

DOCUMENT # N07319 (9)

1. Corporation Name
EAGLES WAY MINISTRIES, INC.

Principal Place of Business	Mailing Address
310 PORPOISE PT DR ST AUGUSTINE FL 32095 US	RT 5, BOX 2110 RAYVILLE LA 71269 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1985
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-2495090 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 6816 A Avenue	26 18 Dorsey Ford Road
Suite, Apt. #, etc.: 22 —	Suite, Apt. #, etc.: 27
City & State: 23 St. Augustine, Fl.	City & State: 28 Rayville, La.
Zip: 24 32084 Country: 25	Zip: 29 71269 Country: 30 Richland

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CONNER, BONNIE W 6816 A AVENUE ST AUGUSTINE FL 32084	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BRIDGES, LATEN	12 NAME	
STREET ADDRESS	RT. 5 BOX 2110	13 STREET ADDRESS	
CITY-ST-ZIP	RAYVILLE LA	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, BEVERLY L.	22 NAME	
STREET ADDRESS	105 HOOVER ST.	23 STREET ADDRESS	
CITY-ST-ZIP	TALLULAH LA	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	BRIDGES, DOLLY	32 NAME	
STREET ADDRESS	RT. 5 BOX 2110	33 STREET ADDRESS	
CITY-ST-ZIP	RAYVILLE LA	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	KELLER, AGNES	42 NAME	
STREET ADDRESS	607 SOUTH ELM	43 STREET ADDRESS	
CITY-ST-ZIP	TALLULAH LA	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☑ Change ☐ Addition
NAME	KING, DIANNE	52 NAME	D Nance, Dianne (King)
STREET ADDRESS	200 RIDGEDALE, #30	53 STREET ADDRESS	200 Ridgedale #29
CITY-ST-ZIP	WEST MONROE LA	54 CITY-ST-ZIP	West Monroe, La. 71291
TITLE		61 TITLE	☐ Change ☑ Addition
NAME		62 NAME	D Nance, Timothy
STREET ADDRESS		63 STREET ADDRESS	200 Ridgedale #29
CITY-ST-ZIP		64 CITY-ST-ZIP	West Monroe, La. 71291

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dolly Bridges Sec/Treas. 3/24/95 318-728-5341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Dolly Bridges - Sec./Treas

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