

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07319

1. Entity Name

EAGLES WAY MINISTRIES, INC.

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90012 048 ****70.00

Principal Place of Business

Mailing Address

6816 A AVENUE
ST AUGUSTINE FL 32084
US

18 DORSEY FORD ROAD
RAYVILLE LA 71269-7314
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2495090

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONNER, BONNIE W
6816 A AVENUE
ST AUGUSTINE FL 32084

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BRIDGES, LATEN
STREET ADDRESS 20 DORSEY FORD RD
CITY-ST-ZIP RAYVILLE LA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME JONES, BEVERLY J
STREET ADDRESS P.O. BOX 366 N/A
CITY-ST-ZIP NEWELLTON LA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME BRIDGES, DOLLY
STREET ADDRESS 20 DORSEY FORD RD
CITY-ST-ZIP RAYVILLE LA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KELLER, AGNES
STREET ADDRESS 607 SOUTH ELM
CITY-ST-ZIP TALLULAH LA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME NANCE, DIANNE (KING)
STREET ADDRESS 306 TIMBERLAND DR
CITY-ST-ZIP MONROE LA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME NANCE, TIM DR
STREET ADDRESS 306 TIMBERLAND DR
CITY-ST-ZIP MONROE LA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dolly Bridges
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)