

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90054 003 *****70.00

DOCUMENT # N07319

1. Entity Name

EAGLES WAY MINISTRIES, INC.



Principal Place of Business

6816 A AVENUE
ST AUGUSTINE FL 32084
US

Mailing Address

18 DORSEY FORD ROAD
RAYVILLE LA 71269
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2495090

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME JONES, BEVERLY
STREET ADDRESS 1500 MCKEEN PLAZA DR., APT. 123
CITY-STATE-ZIP MONROE LA 71203

TITLE VD ☐ Delete
NAME NANCE, DIANNE
STREET ADDRESS 306 TIMBERLAND DR
CITY-STATE-ZIP MONROE LA 71203

TITLE ST ☐ Delete
NAME BRIDGES, DOLLY
STREET ADDRESS 20 DORSEY FORD RD
CITY-STATE-ZIP RAYVILLE LA 71269

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

TITLE D ☐ Delete
NAME BRIDGES, LATEN
STREET ADDRESS 20 DORSEY FORD RD
CITY-STATE-ZIP RAYVILLE LA 71269

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE D ☒ Change ☐ Addition
NAME Kelle, Agnes Shurt
STREET ADDRESS 108 Walker Street
CITY-STATE-ZIP Newellton, LA 71353

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 - St

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-07

218-228-5341