

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005036

FILED
Jun 16, 2009
Secretary of State

Entity Name: EAGLE LIFE ENRICHMENT CENTER, INC.

Current Principal Place of Business:

1519 NE 22ND AVENUE
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

1519 NE 22ND AVENUE
OCALA, FL 34475

New Mailing Address:

1519 NE 22ND AVENUE
OCALA, FL 34475

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WOODYARD, JENA M
1519 NE 22ND AVENUE
OCALA, FL 34475 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: PRES () Delete
Name: WOODYARD, JENA M
Address: 15863 SW 49TH COURT ROAD
City-St-Zip: Ocala, FL 34473

Title: VP () Delete
Name: WOODYARD, WAYNE J
Address: 15863 SW 49TH COURT ROAD
City-St-Zip: Ocala, FL 34473

Title: SEC () Delete
Name: GREEN, NIATIKQUA
Address: 948 NW 58TH COURT
City-St-Zip: Ocala, FL 34482

Title: DIR () Delete
Name: MITCHELL, RUBY
Address: 7633 PARK HILL AVENUE
City-St-Zip: LEESBURG, FL 34748

Title: DIR () Delete
Name: RAWLS, FELESIA
Address: 1629 NW 3RD STREET
City-St-Zip: Ocala, FL 34474

Title: DIR () Delete
Name: WOODSON, SANDRA D
Address: 2011 NW 4TH STREET
City-St-Zip: Ocala, FL 34475

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:

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: JENA M. WOODYARD

PRES

06/16/2009

Electronic Signature of Signing Officer or Director

Date