

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005503

FILED  
Jun 30, 2009  
Secretary of State

**Entity Name:** ON EAGLES WINGS INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

2000 LAKE LUCIE DRIVE  
PORT SAINT LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

2000 LAKE LUCIE DRIVE  
PORT SAINT LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 80-0204005      **FEI Number Applied For ( )**      **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:**

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

ROE, KATHY  
2000 LAKE LUCIE DRIVE  
PORT SAINT LUCIE, FL 34952      US

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: D      ( ) Delete  
Name: ROE, KATHY  
Address: 2000 LAKE LUCIE DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D      ( ) Delete  
Name: ROE, LESLIE  
Address: 2000 LAKE LUCIE DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D      ( ) Delete  
Name: HOLZER, JAMES  
Address: P. BOX 659 COUNTY ROAD #6  
City-St-Zip: GRAND MARAIS, MN 55604

Title: D      ( ) Delete  
Name: EDMOND, MARIE  
Address: 12419 FALENTIMBER CIRCLE  
City-St-Zip: HAGERSTOWN, MD 21740

Title: D      ( ) Delete  
Name: EDMOND, WESNER  
Address: 12419 FALENTIMBER CIRCLE  
City-St-Zip: HAGERSTOWN, MD 21740

**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:

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: KATHY L ROE

DICT

06/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date