

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006235

FILED
May 01, 2009
Secretary of State

Entity Name: EAGLE WINGS INTERNATIONAL CATHEDRAL MINISTRIES, INC.

Current Principal Place of Business:

3624 W BROWARD BLVD
FT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

PO BOX 1327
FT. LAUDERDALE, FL 33302

New Mailing Address:

FEI Number: 65-1036923 **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:

BOSKET, BARBARA
742 NW 3RD AVE
FT LAUDERDALE, FL 33311 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: DP () Delete
Name: BOSKET, BARBARA
Address: 742 NW 3RD AVE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: VPD () Delete
Name: BOSKET, NATHAN
Address: 742 NW 3RD AVE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D () Delete
Name: MOFFATT, KAMESHA
Address: 1505 SW 2ND ST 201
City-St-Zip: FT LAUDERDALE, FL 33312

Title: D () Delete
Name: PRESCOTT, CAROL
Address: 5905 NW 23RD ST
City-St-Zip: LAUDERHILL, FL 33313

Title: S () Delete
Name: RICHIE, KENYA
Address: 3624 W BROWARD BLVD
City-St-Zip: FT LAUDERDALE, FL 33311

Title: T () Delete
Name: PARRISH, TERESA
Address: 4810 NW 8TH DR
City-St-Zip: PLANTATION, FL 33317

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: D (X) Change () Addition
Name: CLARK, SHALABY K
Address: 1505 SW 2ND ST 201
City-St-Zip: FT LAUDERDALE, FL 33312

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: BARBARA BOSKET

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date