

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010198

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** EAGLES NEST FOUNDATION OF VOLUSIA COUNTY, INC.

**Current Principal Place of Business:**

1525 CARR ST  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

1525 CARR ST  
DELAND, FL 32720

**New Mailing Address:**

**FEI Number:** 26-4628299

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRAMER, DELORES R  
1525 CARR ST  
DELAND, FL 32720 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: PD ( ) Delete  
Name: KRAMER, DELORES R  
Address: 1525 CARR ST  
City-St-Zip: DELAND, FL 32720

Title: VPD ( ) Delete  
Name: HARDY, SANDRA R  
Address: 4152 JOYNER RD  
City-St-Zip: ELM CITY, NC 27822

Title: SD ( ) Delete  
Name: INSCOE, DRUCILLA  
Address: 15 HARBOR OAKS DR  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: TD ( ) Delete  
Name: KRAMER, RONALD G  
Address: 110 MAPLE LANE  
City-St-Zip: LAKE HELEN, FL 32744

**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: TD (X) Change ( ) Addition  
Name: KRAMER, RONALD G  
Address: 638 W. HOWRY AVENUE  
City-St-Zip: DELAND, FL 32720

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: DELORES R. KRAMER

PD

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date