

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005618

FILED
Jan 31, 2011
Secretary of State

Entity Name: DMM-EAGLES' NEST MINISTRY, INC.

Current Principal Place of Business:

5254 CYPRESS LINKS BLVD
ELKTON, FL 32033

New Principal Place of Business:

5254 CYPRESS LINKS BLVD.
ELKTON, FL 32033

Current Mailing Address:

5254 CYPRESS LINKS BLVD
ELKTON, FL 32033

New Mailing Address:

P.O. BOX 164
ELKTON, FL 32033

FEI Number: 01-0970403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCILREAVY, DAVID
5254 CYPRESS LINKS BLVD
ELKTON, FL 32033 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
Name: MCILREAVY, DAVAID
Address: 5254 CYPRESS LINKS BLVD
City-St-Zip: ELKTON, FL 32033

Title: VPD
Name: KILCREASE, WESLEY
Address: 6513 HARBURN FOREST DR
City-St-Zip: CHARLOTTE, NC 292696910

Title: VPD
Name: KIRK, WESLEY
Address: 1384 ZERED PLACE N.W.
City-St-Zip: CONCORD, NC 280274141

Title: STDM
Name: MCILREAVY, JANE N
Address: 5254 CYPRESS LINKS BLVD
City-St-Zip: ELKTON, FL 32033

I hereby 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 all other like empowered.

SIGNATURE: JANE MCILREAVY

STDM

01/31/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date