

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004262

FILED  
Mar 05, 2012  
Secretary of State

**Entity Name:** EAGLE'S WINGS COUNSELING CENTER, INC.

**Current Principal Place of Business:**

417 COMMERCIAL CT  
SUITE C  
VENICE, FL 34292

**New Principal Place of Business:**

**Current Mailing Address:**

417 COMMERCIAL CT  
SUITE C  
VENICE, FL 34292

**New Mailing Address:**

**FEI Number:** 45-2529120

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENEDICT, ROBERT C  
1861 PLACIDA ROAD  
SUITE 204  
ENGLEWOOD, FL 342234949 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:** P  
**Name:** CLECKNER, STEVE  
**Address:** 4813 POST POINTE DRIVE  
**City-St-Zip:** SARASOTA, FL 34233

**Title:** VP  
**Name:** NAYLOR, CHARLES  
**Address:** 210 TREVISIO CT.  
**City-St-Zip:** N. VENICE, FL 34275

**Title:** ST  
**Name:** INLOW, ADAM  
**Address:** 6260 CORCORAN AVE.  
**City-St-Zip:** NORTH PORT, FL 34291

**Title:** D  
**Name:** UPTON, DAVE  
**Address:** 416 MARLIN RD.  
**City-St-Zip:** VENICE, FL 34293

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:** DAVID C. UPTON

D

03/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date