

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90495 034 \*\*\*\*61.25

**DOCUMENT # N94000006104**

1. Entity Name

THE EAGLES MINISTRY OF FIRE, INC.

Principal Place of Business

1713 N. PINE AVE  
OCALA, FL 34475 US

Mailing Address

P.O. BOX 2302  
OCALA, FL 34478



04192004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3305308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, DORIS M  
1300 NW 67TH PLACE  
OCALA, FL 34473

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

*Doris Patterson Neale*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-20-04

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

PATTERSON, DORIS M.

1300 NW 67TH PLACE

OCALA, FL 34475

4775 NW 27th Ave

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VPD

WRIGHT, LATYONIA A

8080 NW 80TH AVE

OCALA, FL 34482

4271 NW 21st Ave  
OCALA, FL 34475

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VSTD

SWEET, LATASHA

1300 NW

OCALA, FL 34472

4775 NW 27th Ave  
OCALA FL 34475

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Doris Patterson Neale*

Doris Patterson Neale

4-20-04

352.402-0244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #