1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600006425

EAGLE'S NEST MINISTRIES, INCORPORATED

Country

9. Name and Address of Current Registered Agent

25

Princ	ipal Pla	ce of	Busines
2955	PINEDA	CAU	SEWAY
HINIT	102		

2965 PINEDA CAUSEWAY **UNIT 102**

MELBOURNE FL 32935

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

MELBOURNE FL 32935

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

Mailing Address

FILED Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90235 048 ****61.25

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

12/16/1996

59-3415276

4. FEI Number

			Street Address (P.O. Box Number is Not Acceptable)						
1785 VIA CAPRI									
MERRITT ISLAND FL 32952				·					
		84	City	FL	85 Z	p Code			
41 December 1 Continue of Continue C17 0500 and 617 1500. Florida Statutes the above named comporation submits this statement for the purpose of changing its registered									
office or registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				red Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<u> 12.</u>	OFFICERS AND DIRECTORS	13.			Chang				
TITLE	Ur	1.1 TITLE		•	☐ Crean	e. Daddon			
NAME	MAFFEO, FREDERICK D	1.2 NAME				[
STREET ADDRESS	1785 VIA CAPRI	1.3 STREET	ADDRES	\$	•				
CITY-ST-ZIP	MERRITT ISLAND FL 32952	1.4 CITY-S	r-ZIP			- A d 200			
TITLE	TVP DELETE	2.1 TITLE		•	Chang	ge Addition			
NAME	GAROFALO, PETER	2.2 NAME							
STREET ADDRESS	8494 RIDGEWOOD AVE #4303	2.3 STREET	ADDRES	s					
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	2. 4 CITY-S	T-ZIP			<u> </u>			
TITLE	TST DELETE	3.1 TITLE			☐ Chang	e Addition			
NAME	WENCLEWICZ, RONALD	3.2 NAME							
STREET ADDRESS	1023 ASHLEY AVE	3.3 STREET	ADDRES	s					
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	3.4. CITY-S	T-ZIP						
TITLE		4.1 TITLE		,, ,	☐ Chan	ge 🔲 Addition			
NAME		4. 2 NAME				ŀ			
STREET ADDRESS		4.3 STREET	ADDRES	s					
CITY-ST-ZIP		4.4 CITY-S	r- ZIP						
TITLE	☐ DELETE	5.1 TITLE			Chan	ge 🔲 Addition			
NAME		5.2 NAME							
STREET ADDRESS		5.3 STREE	ADORES	s					
CITY-ST-ZIP		5.4 CITY-S	T- ZIP						
TITLE	☐ DELETE	6.1 TITLE			Chang	ge 🔲 Addition			
NAME		6.2 NAME				j			
STREET ADDRESS		6.3 STREE	ADORES	s					
CITY-ST-ZIP	portify that the information cumplied with this filing does not qualify for the	6.4 CITY-S		dis Ossis 440 07/2VI) Florido Statutos I further conti	6, that th	e information			

Country

81 Name

30

Hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hitting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hitting that in that in an anofficer 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable