

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90022 036 ****70.00

DOCUMENT # N97000001283 1. Entity Name EAGLE'S WING FOUNDATION, INC.			
Principal Place of Business 520 4TH ST N SAINT PETERSBURG, FL 33701		Mailing Address AMA C/O D. GRAYSON 450 CAPILLON PKWY., SUITE 200 SAINT PETERSBURG, FL 33716	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address c/o D. GRAYSON Genspring Family Offices 450 Carillon Parkway Suite 200 St. Petersburg, FL 33716	
City & State Zip Country		City & State Zip Country	
4. FEI Number 59-3437684		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAYSON, DARLENE C/O ASSET MGT ADVISORS 450 CARILLON PARKWAY SUITE 200 SAINT PETERSBURG, FL 33716		7. Name and Address of New Registered Agent Name D. GRAYSON Street Address (P.O. Box Number is Not Acceptable) Genspring Family Offices 450 Carillon Parkway Suite 200 St. Petersburg, FL 33716	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOREAN, WILLIAM D 618 PINTA DR SAINT PETERSBURG, FL 337154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOREAN, KELLY D 618 PINTA DR. SAINT PETERSBURG, FL 33715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETERSEN, AUDREY M 4351 GULF SHORE BLVD N APT 14-S NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-10-08 <small>Daytime Phone #</small>	

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