


**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90034 033 \*\*\*\*70.00

|   |   |   |
|---|---|---|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|---|---|---|

**DOCUMENT # N98000003708**

1. Corporation Name

**EAGLE WINGS MINISTRIES OF POWER, FAITH AND DELIVERANCE, INC.**

Principal Place of Business

 1172 HARLEM ACADEMY AVE.  
 CLEWISTON FL 33440

Mailing Address

 P.O. BOX 2435  
 CLEWISTON FL 33440


|                                |                     |                     |                     |   |                               |
|--------------------------------|---------------------|---------------------|---------------------|---|-------------------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>06/22/1998   |                               |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>65-0897651   | Applied For<br>Not Applicable |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |                               |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |                               |
| 24                             | Country             | 29                  | Country             |   |                               |

9. Name and Address of Current Registered Agent

 THOMAS, DAVID L  
 1172 HARLEM ACADEMY AVE.  
 CLEWISTON FL 33440

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as 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.

(NO 'E' Registered Agent signature required when reinstating.)

DATE

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------|---|---|
| TITLE                      | DP                      | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | David Thomas            | 1.2 NAME  |   |
| STREET ADDRESS             | 1172 Harlem Academy Ave | 1.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | Clewiston, FL 33440     | 1.4 CITY-STATE-ZIP                                    |   |
| TITLE                      | DVP                     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Traci M. Thomas         | 2.2 NAME  |   |
| STREET ADDRESS             | 1172 Harlem Academy Ave | 2.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | Clewiston FL 33440      | 2.4 CITY-STATE-ZIP                                    |   |
| TITLE                      | D                       | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Talmadge M. King        | 3.2 NAME  |   |
| STREET ADDRESS             | 943 Della Tobias Ave    | 3.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | Clewiston, FL 33440     | 3.4 CITY-STATE-ZIP                                    |   |
| TITLE                      |                         | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 4.2 NAME  |   |
| STREET ADDRESS             |                         | 4.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             |                         | 4.4 CITY-STATE-ZIP                                    |   |
| TITLE                      |                         | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 5.2 NAME  |   |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             |                         | 5.4 CITY-STATE-ZIP                                    |   |
| TITLE                      |                         | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 6.2 NAME  |   |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             |                         | 6.4 CITY-STATE-ZIP                                    |   |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-1999 1-941-983-3439

CR2037 (1/98)