

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003708

1. Entity Name

EAGLE WINGS MINISTRIES OF POWER, FAITH AND DELIV

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90071 037 \*\*\*\*70.00

Principal Place of Business 1172 HARLEM ACADEMY AVE. CLEWISTON FL 33440	Mailing Address P.O. BOX 2435 CLEWISTON FL 33440-6435
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0897651	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  THOMAS, DAVID L 1172 HARLEM ACADEMY AVE. CLEWISTON FL 33440
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐ **\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THOMAS, DAVID 1172 HARLEM ACADEMY AVE CLEWISTON FL 33440 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP THOMAS, TRACI M 1172 HARLEM ACADEMY AVE CLEWISTON FL 33440 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, TALMADGE M 943 DELLA TOBIAS AVE CLEWISTON FL 33440 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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:

*SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2000 (863) 983-3439

Date Daytime Phone #

CR2E037 (9/99)