

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005111

FILED
Jun 03, 2008
Secretary of State

Entity Name: EAGLE'S REST CHRISTIAN CENTER, INC.

Current Principal Place of Business:

3640 NORTHSIDE CT.
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2820
KEY WEST, FL 330452820

New Mailing Address:

FEI Number: 65-0861403 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARSTON, CRAIG R
3640 NORTHSIDE CT
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARSTON, CRAIG R
Address: 3640 NORTHSIDE CT
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: ELLIOTT, CHARLES C
Address: 343 LES ROHDE DR.
City-St-Zip: RAMROD KEY, FL 33043

Title: D () Delete
Name: MARSTON, LINDA
Address: 3640 NORTHSIDE CT
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: ELLIOTT, WINIFRED
Address: 343 LES ROHDE DR.
City-St-Zip: RAMROD KEY, FL 33043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG R. MARSTON

D

06/03/2008

Electronic Signature of Signing Officer or Director

Date