

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005513

1. Entity Name

EAGLES WINGS OUTREACH, INC.

APPROVED
AND
FILED

02 FEB -8 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1550 GOODWOOD DR.

1550 GOODWOOD DR.

TALLAHASSEE, FL 32308

TALLAHASSEE, FL 32308

2. Principal Place of Business

3. Mailing Address

251-A

EAGLES WINGS OUTREACH, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO BOX 1746

PO BOX 1746

City & State

City & State

MAYO FL.

MAYO FL.

Zip

Country

Zip

Country

32066

LAFALETTE

32066

LAFALETTE

4. FEI Number

59-3534500

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHN G. TEN LOW
1550 GOODWOOD DR.
TALLAHASSEE, FL 32308

Name

Kim Smith

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

Rt. 3 Box 155

City

Mayo

FL

Zip Code
32066

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

Kim Smith

Kim Smith

1/18/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Delete
NAME	JOHN G. TEN LOW	
STREET ADDRESS	1550 GOODWOOD DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	ROY MATHEWS	
STREET ADDRESS	11095 5TH AVE OCEAN	
CITY-ST-ZIP	MILWAUKEE, WI 53205	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	SUELLON S. MATHEWS	
STREET ADDRESS	11095 5TH AVE OCEAN	
CITY-ST-ZIP	MILWAUKEE, WI 53205	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARSHALL COMBS	
STREET ADDRESS	PO BOX 458	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	T	<input type="checkbox"/> Delete
NAME	ERNEST JONES	
STREET ADDRESS	PO BOX 354	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	T	<input type="checkbox"/> Delete
NAME	Jerry Smith	
STREET ADDRESS	Rt. 3 Box 155	
CITY-ST-ZIP	Mayo, FL 32066	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200004981562--2	
STREET ADDRESS	-02/21/02--01063--001	
CITY-ST-ZIP	*****61.25 *****61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Ray L. Mathews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02

Date

386-294-2825

Daytime Phone #

CR2E037 (11/00)