

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005803

FILED
Mar 25, 2009
Secretary of State

Entity Name: EAGLES REST, INC.

Current Principal Place of Business:

1221 NORTH COUNTY ROAD 315
MELROSE, FL 32666

New Principal Place of Business:

Current Mailing Address:

1221 NORTH COUNTY ROAD 315
MELROSE, FL 32666

New Mailing Address:

FEI Number: 59-3537445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HICKS, WILLIAM C
1221 NORTH COUNTY ROAD 315
MELROSE, FL 32666 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: BLAND, WILLIAM L
Address: 957 DEWBERRY DRIVE
City-St-Zip: SOUTH JACKSONVILLE, FL 32259

Title: D () Delete
Name: HICKS, CYNTHIA M
Address: 1221 NORTH COUNTY ROAD 315
City-St-Zip: MELROSE, FL 32666

Title: D () Delete
Name: HICKS, WILLIAM C
Address: 1221 NORTH COUNTY ROAD 315
City-St-Zip: MELROSE, FL 32666

Title: D () Delete
Name: KELLY, WILLIAM AVERY JR
Address: 2076 DEER RUN DRIVE
City-St-Zip: CALLAHAN, FL 32011

Title: D () Delete
Name: VINING, MARIE M JR
Address: 817 MAPLES SPRINGS LANE
City-St-Zip: JACKSONVILLE, FL 32211173

Title: D () Delete
Name: ALLEN, MARCUS
Address: 10354 ELDERBERRY DR
City-St-Zip: JACKSONVILLE, FL 32257

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
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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: WILLIAM C. HICKS

D

03/25/2009

Electronic Signature of Signing Officer or Director

Date