

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001204

1. Entity Name

EAGLES WOMEN'S INTERCESSORY NETWORK, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90097 050 ****61.25

Principal Place of Business	Mailing Address
107 LAKE COURT NICEVILLE FL 32578	107 LAKE COURT NICEVILLE FL 32578-2710

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 535
City & State	City & State
Niceville, FL	Niceville, FL

Zip	Country	Zip	Country
32578		32578-0535	

4. FEI Number	Applied For
59-3566710	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
RUMLEY, ELAINE C 107 LAKE COURT NICEVILLE FL 32578

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D RUMLEY, ELAINE C <input type="checkbox"/> Delete
NAME	107 LAKE COURT
STREET ADDRESS	NICEVILLE FL 32578
CITY-ST-ZIP	
TITLE	D RUMLEY, CHARLES A JR. <input checked="" type="checkbox"/> Delete
NAME	107 LAKE COURT
STREET ADDRESS	NICEVILLE FL 32578
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D David Rumley <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1421 N Campbell St. Apt 106
STREET ADDRESS	Springfield, MO 65802
CITY-ST-ZIP	
TITLE	T Amy Folk <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	504 23rd St.
STREET ADDRESS	Niceville, FL 32578
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: SIGNATURE REQUIRED DATE: April 12, 2000 (850) 678-0555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR