2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900001204

1. Entity Name

EAGLES WOMEN'S INTERCESSORY NETWORK, INC.

Principal Place of Business

Mailing Address

107 LAKE COURT

PO BOX 535

NICEVILLE FL 32578		NICEVILLE FL 32588-0535			} 8		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, et	tc.	Suite, Apt. #, etc.			DO NOT W		
City & State		City & State			I, FEI Number 59-35667		
Zip	Country	Zip	Country	5.	Certificate of Status Desired		
	7.	7. Name and Address of New					
, . <u></u>			Name		and the contract of the contra		
RUMLEY, ELA	NNE C		Street Addres				
107 LAKE CO NICEVILLE FL							
MICEVILLE FL	. 32376		City				
8. The above name	ned entity submits this statem	ent for the purpose of changi	ng its registered office or req	gistered a	gent, or both, in the state of		
SIGNATURE	ature, typed or printed name of registered	d agent and title if applicable.	(NOTE: Registered Agent signature re	quired when	reinstating)		

FILED Apr 05, 2001 8:00 am Secretary of State

04-05-2001 90073 050 ****61.25

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City & State		City & State		4.	, FEI Number	59-3566710	<i>-</i>	pplied For ot Applicable					
Zip	Country	Zip	Country	5.	. Certificate o	of Status Desired	\$8.75 Add Fee Require						
6. Name and Address of Current Registered Agent				7.	Name and	Address of New Registered	Agent						
	Name				<u></u>								
الرابة السيورية العمل بيد النفو الحرار الرابع بيد المنظم المنظم المناطقة المنظمة المنظمة المنظم المنظم المنظمة ا الرابع السيورية العمل بيد النفو الحرار الرابع بيد المنظم المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة				droop (D.O.	Pay Number	r is Not Assentable)	*						
RUMLEY, ELAINE C 107 LAKE COURT NICEVILLE FL 32578			Street Ad	aress (P.O.	Box Number	r is Not Acceptable)							
			City			F	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. Add Add Add Add Add Add Add A		\$5.00 M Added to	May Be Fees	Make Check Payable to Department of State							
10.	OFFICERS AND DIRE	CTORS	11.	ADD	ITIONS/CHA	NGES TO OFFICERS AND D	IRECTORS IN	1 10					
TITLE	D	☐ Delete	TITLE				Change	Addition					
NAME	RUMLEY, ELAINE C		NAME	ļ									
STREET ADDRESS	107 LAKE COURT		STREET ADDRESS					1					
CITY-ST-ZIP	NICEVILLE FL 32578		CITY-ST-ZIP			4		h h					
TITLE	D	☐ Delete	TITLE	 i			☐ Change	☐ Addition					
NAME	RUMLEY, DAVID		NAME				_ •	_					
STREET ADDRESS	1421 N CAMPBELL ST APT 106		STREET ADDRESS					1					
CITY - ST - ZIP	SPRINGFIELD MO 65802		CITY-ST-ZIP				,						
TITLE	T	Delete	TITLE	T	·		Change	☐ Addition					
NAME	-FOLK, AMY	~ ~	NAME	SUSAN	- HATU	3KA		(
STREET ADDRESS	504 23RD STREET	,	STREET ADDRESS	144 1	WINDING	WATERS WAY		ļ					
CITY - ST - ZIP	NICEVILLE FL 32578	,	CITY-ST-ZIP	NICEV	ILLE	FL 32578							
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NAME			NAME	ROBERT	T GAIAS	5		}					
STREET ADDRESS			STREET ADDRESS	104	BERHU	DA WAY		į į					
CITY-ST-ZIP			CITY-ST-ZIP	NICEVI	LLE AL	32578		ĺ					
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CITY-ST-ZIP			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. SUSAN B. MATUSKA

SIGNATURE: