

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001866

1. Entity Name

EAGLE WINGS TEACHING MINISTRIES OF CHRIST, INC.-

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90037 012 ****61.25

Principal Place of Business

Mailing Address

913 E. 15TH AVE
TAMPA FL 33605-3318

~~913 E. 15TH AVE~~
~~TAMPA FL 33605-3318~~

2. Principal Place of Business

3. Mailing Address

P.O. Box 5041

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33675-5041

USA

4. FEI Number

59-3561167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HORNE, ELLA
913 E. 15TH AVE
TAMPA FL 33605-3318

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. ☐

\$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	DP	<input type="checkbox"/> Delete
NAME	HORNE, DONALD A SR.	
STREET ADDRESS	913 E. 15TH AVE	
CITY-ST-ZIP	TAMPA FL 33605-3318	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HORNE, ELLA M	
STREET ADDRESS	913 E. 15TH AVE	
CITY-ST-ZIP	TAMPA FL 33605-3318	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HORNE, CAROLINE	
STREET ADDRESS	913 E. 15TH AVE	
CITY-ST-ZIP	TAMPA FL 33605-3318	
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		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

4-30-2000 8K-301-9475