

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004883

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: EAGLE'S WINGS DEVELOPMENT CENTER, INC.

**Current Principal Place of Business:**

501 NW 1ST AVE .  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

501 NW 1ST AVE .  
HALLANDALE, FL 33009

**New Mailing Address:**

FEI Number: 65-0957010

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SANDERS, ANTHONY  
1005 NW 7TH AVE.  
HALLANDALE, FL 33009 US

**Name and Address of New Registered Agent:**

SANDERS, ANTHONY  
615 NW 4 CT  
HALLANDALE, FL 33009 US

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:

04/24/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SANDERS, ANTHONY PASTOR  
Address: 1005 N.W. 7TH AVE  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: S ( ) Delete  
Name: JACKSON, MARY  
Address: 5121 S.W. 23RD. STREET  
City-St-Zip: WEST PARK, FL 33023

Title: D ( ) Delete  
Name: SANDERS, JESSICA  
Address: 1005 NW 7TH AVE  
City-St-Zip: HALLANDALE, FL 33009

Title: T ( ) Delete  
Name: BRAYNEN, GAIL  
Address: 1033 NW 7TH CT  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SANDERS, ANTHONY PASTOR  
Address: 615 N.W. 4 CT  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SANDERS, JESSICA  
Address: 615 NW 4 CT  
City-St-Zip: HALLANDALE, FL 33009

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: ANTHONY SANDERS

PRES

04/24/2008

Electronic Signature of Signing Officer or Director

Date