

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004883

FILED
Feb 24, 2009
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:

615 NW 4TH CT
HALLANDALE, FL 33009

Current Mailing Address:

501 NW 1ST AVE .
HALLANDALE, FL 33009

New Mailing Address:

615 NW 4TH CT .
HALLANDALE, FL 33009

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
615 NW 4 CT
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

MOORE, ROSANA P MRS
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: ROSANA MOORE

02/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANDERS, ANTHONY PASTOR
Address: 615 N.W. 4 CT
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: 615 NW 4 CT
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: MOORE, ROSANA MRS
Address: 615 N.W. 4 CT
City-St-Zip: HALLANDALE BEACH, FL 33009

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

Title: S (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: ROSANA MOORE

PRES

02/24/2009

Electronic Signature of Signing Officer or Director

Date