2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005
Secretary of State

DOCUMENT# N99000005244

Entity Name: EAGLE RECOVERY MINISTRIES, INC.

Current Principal Place of Business:

4630 PALM BEACH BLVD.
FT. MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 50579
FT. MYERS, FL 33994

New Mailing Address:

FEI Number: 65-0950905 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUTLER, GAREY F ESQ.
HUMPHREY & KNOTT,P.A. 1625 HENDRY ST.
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

NORRIS, WILLIAM D
PO BOX 50579
FT. MYERS, FL 33994 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: WILLIAM D. NORRIS 02/21/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete
Name: NORRIS, WILLIAM D
Address: 4630 PALM BEACH BLVD.
City-St-Zip: FT. MYERS, FL 33905

Title: D ( ) Delete
Name: CHAPMAN, LAUREL
Address: 4630 PALM BEACH BLVD.
City-St-Zip: FT. MYERS, FL 33905

Title: D ( ) Delete
Name: DANIELS, LISA J
Address: 4630 PALM BEACH BLVD.
City-St-Zip: FT. MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM D NORRIS P 02/21/2005
Electronic Signature of Signing Officer or Director Date