

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714789

Entity Name: EAGLES MEMORIAL FOUNDATION, INC.**Current Principal Place of Business:**1623 GATEWAY CIRCLE SOUTH
GROVE CITY, OH 43123**Current Mailing Address:**1623 GATEWAY CIRCLE SOUTH
GROVE CITY, OH 43123 US**FEI Number:** 39-6126176**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RUSH, LARRY B II
4710 FOURTEENTH ST, W
BRADENTON, FL 34207 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:** LARRY BOYD RUSH II

03/25/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CHAIRMAN
Name	SMITH, DAVID
Address	1623 GATEWAY CIRCLE SOUTH
City-State-Zip:	GROVE CITY OH 43123

Title	VC
Name	ROGERS, BRIAN
Address	1623 GATEWAY CIRCLE SOUTH
City-State-Zip:	GROVE CITY OH 43123

Title	SECRETARY
Name	SCANSEN, DOUGLAS
Address	1623 GATEWAY CIRCLE SOUTH
City-State-Zip:	GROVE CITY OH 43123

Title	DIRECTOR
Name	BAKER, CHRISTOPHER
Address	1623 GATEWAY CIRCLE SOUTH
City-State-Zip:	GROVE CITY OH 43123

Title	DIRECTOR
Name	CANT, TIMOTHY
Address	1623 GATEWAY CIRCLE SOUTH
City-State-Zip:	GROVE CITY OH 43123

Title	CFO
Name	RUSH, LARRY B II
Address	1623 GATEWAY CIRCLE S
City-State-Zip:	GROVE CITY OH 43123

I hereby 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 all other like empowered.

SIGNATURE: LARRY RUSH

CFO

03/25/2024

Electronic Signature of Signing Officer/Director Detail

Date