

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006157

**Entity Name:** EAGLE WINGS INTERNATIONAL MINISTRIES, INC.**Current Principal Place of Business:**3050 N BROWARD BLVD  
FORT LAUDERDALE, FL 33312**Current Mailing Address:**PO BOX 7821  
FT. LAUDERDALE, FL 33338**FEI Number: 65-1036923****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BOSKET, BARBARA  
742 N.W. 3RD AVE  
FT LAUDERDALE, FL 33311 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PD
Name	BOSKET, BARBARA
Address	742 NW 3RD AVE
City-State-Zip:	FT LAUDERDALE FL 33311

Title	D
Name	MOFFATT, KAMESHA
Address	1505 SW 2ND ST #201
City-State-Zip:	FORT LAUDERDALE FL 33312

Title	S
Name	RICHIE, KENYA
Address	2701 NW 39TH AVE #202
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	D
Name	BOSKET, NATHAN IV
Address	742 NW 3RD AVE
City-State-Zip:	FT LAUDERDALE FL 33311

Title	D
Name	CAMPBELL, PAULINE
Address	3050 W BROWARD BLVD.
City-State-Zip:	FT LAUDEDALE FL 33313

Title	D
Name	CLARK, SHALABY K
Address	1505 SW 2ND STREET 201
City-State-Zip:	FORT LAUDERDALE FL 33312

*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: BARBARA BOSKET****PRESIDENT****05/04/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date