

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007123

Entity Name: SOAR LIKE AN EAGLE, INC.**Current Principal Place of Business:**629 ZION ST.
CHATTAHOOCHEE, FL 32324**Current Mailing Address:**P.O. BOX 737
CHATTAHOOCHEE, FL 32324 US**FEI Number:** 27-4852872**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, ANN
629 ZION ST.
CHATTAHOOCHEE, FL 32324 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	D/P
Name	WILLIAMS, CHRISTELL
Address	PO BOX 737
City-State-Zip:	CHATTAHOOCHEE FL 32324

Title	S
Name	WILLIAMS, SYLVIA
Address	121 SOUTH CALHOUN STREET
City-State-Zip:	QUINCY FL 32351

Title	D
Name	BROWN, BENITA
Address	121 SOUTH CALHOUN STREET
City-State-Zip:	QUINCY FL 32351

Title	D/V/P
Name	BROWN, STEPHANIE L
Address	614 REED STREET
City-State-Zip:	CHATTAHOOCHEE FL 32324

Title	D
Name	WILLIAMS, ANN
Address	629 ZION STREET
City-State-Zip:	CHATTAHOOCHEE FL 32324

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: ANN WILLIAMS**REGISTERING AGENT****03/02/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date