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.

Ρ

SIGNATURE: STANLEY PAULAS

Electronic Signature of Signing Officer/Director Detail

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.

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City-State-Zip: MIAMI FL 33179

SIGNATURE:

Offic	er/Dire	ctor Detail :		
Title		Р	Title	S
Name		PAULAS, STANLEY	Name	ST. JULIEN, WIDNY
Addres	SS	1280 NE 117 ST	Address	7810 NW 44TH STRE
City-S	tate-Zip:	MIAMI FL 33161	City-State-Zip:	SUNRISE FL 33351
Title		т		
Name		FENELON, FLORETTE		
Addres	SS	20901 SAN SIMEON WAY, #312		

Current Mailing Address:							
1280 NE 117 ST							

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: EAGLE WINGS MINISTRIES INTERNATIONAL INC

MIAMI, FL 33161

DOCUMENT# N17000010495

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1280 NE 117 ST

FEI Number: 82-3879070

Name and Address of Current Registered Agent:

FENELON, FLORETTE 20901 SAN SIMEON WAY, #312 MIAMI, FL 33179 US

Certificate of Status Desired: No

REET

04/01/2020

Date

Date

Electronic Signature of Registered Agent

MIAMI, FL 33161 US

Current Principal Place of Business: