

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000003485

Entity Name: EAGLES RESPONSE, INC.**Current Principal Place of Business:**1712 SW 103RD LANE
DAVIE, FL 33324**Current Mailing Address:**P. O. BOX 52155
DAVIE, FL 33355 US**FEI Number:** 92-3565735**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LISA W. WILLIS
1712 SW 103RD LANE
DAVIE, FL 33324 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	FOREST A. WILLIS
Address	1712 SW 103RD LANE
City-State-Zip:	DAVIE FL 33324

Title	D
Name	SHAWN CAMPANA
Address	15130 BRISTOL LANE
City-State-Zip:	DAVIE FL 33324

Title	CEO
Name	WILLIS, FOREST ARNIE JR.
Address	1712 SW 103RD LANE
City-State-Zip:	DAVIE FL 33324

Title	D
Name	LISA W. WILLIS
Address	1712 SW 103RD LANE
City-State-Zip:	DAVIE FL 33324

Title	D
Name	LEDLY MOSS JR.
Address	PO BOX 2071
City-State-Zip:	MIAMI GARDENS FL 33055

Title	D
Name	REV. ROBBIE MORROW
Address	8900 NW 44TH STREET
City-State-Zip:	SUNRISE FL 33351

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: LISA W. WILLIS**SECRETARY/TREASURER** 04/25/2025_____
Electronic Signature of Signing Officer/Director Detail_____
Date