## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 16, 2005 8:00 am **Secretary of State DOCUMENT # 766492** 1. Entity Name 02-16-2005 90058 046 \*\*\*\*61.25 EAGLES' NEST BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 4650 EAGLES NEST ROAD FRUITLAND PARK FL 34731 4650 EAGLES NEST ROAD SAATTOOS FRUITLAND PARK FL 34731 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) 1st MOORE City & State Applied For City & State 4. FEI Number 59-2313869 Not Applicable Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITLOCK TOMMY LOONEY, DARRELL **544 GOLFVIEW DRIVE** LEESBURG FL 34748 Zip Code SUMMERFIELD 34491 8. 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. I am familiar with, and accept the obligations of registered agent (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Change ☐ Addition TITLE ☐ Defete BURKLOW, LEONARD NAME NAME 05436 SUNSET DRIVE STREET ADDRESS STREET ADDRESS FRUITLAND PARK FL 34731 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete PD Addition WHITLOCK, TOMMY NAME 17672 SE 108TH TERRACE STREET ADDRESS STREET ADDRESS SUMMERFIELD FL 34491 CITY-ST-7IP CITY-ST-7IP ☐ Change **☒** Delete ☐ Addition TITEE LOONEY, DARRELL NAME NAME 544 GOLFVIEW DRIVE STREET ADDRESS STREET ADDRESS LEESBURG FL 34748 CITY-ST-ZIP CITY-ST-ZIP -TITLE ☐ Delete TITLE ☐ Change Addition ERNEST BROADDUS NAME NAME 5340 ÉAGLES NEST ROAD FRUITLAND PARK ÉL 34731 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED