

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000008415

**Entity Name:** EAGLE AVENUE CHURCH OF CHRIST EAGLE LAKE, FLORIDA INC.

**FILED**  
**Apr 27, 2017**  
**Secretary of State**  
**CC4341306763**

**Current Principal Place of Business:**

551 EAGLE AVE  
EAGLE LAKE, FL 33839

**Current Mailing Address:**

P.O. BOX 117  
EAGLE LAKE, FL 33839

**FEI Number: 59-3700535**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

THOMAS, MELODY E  
2024 GERBER DAIRY ROAD  
WINTER HAVEN, FL 33880 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 TD  
Name THOMAS, JOHN ESR  
Address 331 S FELTON ST  
City-State-Zip: EAGLE LAKES FL

Title T  
Name THOMAS, BERMA H  
Address 331 S FELTON ST  
City-State-Zip: EAGLE LAKES FL

Title T  
Name GROENE, SHAREN  
Address 1027 THOMAS RD  
City-State-Zip: EAGLE LAKE FL

Title T  
Name THOMAS, VICTOR  
Address 331 FELTON ST  
City-State-Zip: EAGLE LAKE FL 33839

Title T  
Name THOMAS, TIMOTHY W  
Address 2024 GERBER DAIRY ROAD  
City-State-Zip: WINTER HAVEN FL 33880

Title TRUSTEE  
Name WADLEY, TAREN  
Address AVE T  
City-State-Zip: WINTER HAVEN FL 33881

*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: SHAREN GROENE**

**04/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date