


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000008581
 1. Entity Name
EAGLE NEST INTERNATIONAL MINISTRIES, INC.



Principal Place of Business Mailing Address
178 BOUCHER LANE **178 BOUCHER LANE**
PORT SAINT JOE, FL 32456 **PORT SAINT JOE, FL 32456**

DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3455316	Applied For
	Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

BOUCHER, DOUG L
178 BOUCHER LN
PORT ST JOE, FL 32456

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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25
Due by May 1, 2008

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOUCHER, DOUG 178 BOUCHER LANE PORT SAINT JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHIPMAN, NATHAN 108 SOUTH HARBORVIEW ROAD SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LARSON, VALARIE 8729 KIWI LANE YOUNGSTOWN, FL 32486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOUCHER, KATIE 178 BOUCHER LANE PORT SAINT JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIPMAN, STACY 108 SOUTH HARBORVIEW ROAD SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/10/08-80003-023 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: *Doug L. Boucher* **Doug L. Boucher** *1/8/08* *(850) 596-1625*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #