

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008581

FILED
Feb 06, 2009
Secretary of State

Entity Name: EAGLE NEST INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

178 BOUCHER LANE
PORT SAINT JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

178 BOUCHER LANE
PORT SAINT JOE, FL 32456

New Mailing Address:

FEI Number: 20-3455316 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOUCHER, DOUG
Address: 178 BOUCHER LANE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: VD () Delete
Name: SHIPMAN, NATHAN
Address: 108 SOUTH HARBORVIEW ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: TD () Delete
Name: LARSON, VALARIE
Address: 8729 KIWI LANE
City-St-Zip: YOUNGSTOWN, FL 32466

Title: SD () Delete
Name: BOUCHER, KATIE
Address: 178 BOUCHER LANE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D () Delete
Name: SHIPMAN, STACY
Address: 108 SOUTH HARBORVIEW ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SHIPMAN, NATHAN
Address: 101 GILLESPIE DR.
City-St-Zip: FRANKLIN, TN 37067

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHIPMAN, STACY
Address: 101 GILLESPIE DR.
City-St-Zip: FRANKLIN, TN 37067

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DOUG BOUCHER

PD

02/06/2009

Electronic Signature of Signing Officer or Director

_____ Date