

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000008581

**FILED**  
**Apr 21, 2013**  
**Secretary of State**  
**CC7913866367**

**Entity Name:** EAGLE NEST INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

178 BOUCHER LANE  
PORT SAINT JOE, FL 32456

**Current Mailing Address:**

178 BOUCHER LANE  
PORT SAINT JOE, FL 32456

**FEI Number:** 20-3455316

**Certificate of Status Desired:** Yes

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

BOUCHER, DOUG L  
178 BOUCHER LN  
PORT ST JOE, FL 32456 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 BOUCHER, DOUG  
Address 178 BOUCHER LANE  
City-State-Zip: PORT SAINT JOE FL 32456

Title VD  
Name SHIPMAN, NATHAN  
Address 102 STEPHEN RD.  
City-State-Zip: BENTO TN 37307

Title TD  
Name LARSON, VALARIE  
Address 8729 KIWI LANE  
City-State-Zip: YOUNGSTOWN FL 32466

Title SD  
Name BOUCHER, KATIE  
Address 178 BOUCHER LANE  
City-State-Zip: PORT SAINT JOE FL 32456

Title D  
Name SHIPMAN, STACY  
Address 102 STEPHEN ST  
City-State-Zip: BENTON TN 37307

*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:** DOUG L. BOUCHER

**PRESIDENT**

**04/21/2013**

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

\_\_\_\_\_  
Date