

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005754

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: ANGELIC ADOPTIONS, INC.

**Current Principal Place of Business:**

1807 NORTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 51246  
JACKSONVILLE BEACH, FL 322401246

**New Mailing Address:**

FEI Number: 20-5875492      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GOSSETT, KIMBERLY A  
1807 NORTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250      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: D      ( ) Delete  
Name: FRANCIS, CHARLENE  
Address: P.O. BOX 51246  
City-St-Zip: JACKSONVILLE BEACH, FL 322401246

Title: D      ( ) Delete  
Name: ADKINS, CRYSTAL J  
Address: P.O. BOX 51246  
City-St-Zip: JACKSONVILLE BEACH, FL 322401246

Title: D      ( ) Delete  
Name: LEARCH, SHARON S  
Address: P.O. BOX 51246  
City-St-Zip: JACKSONVILLE BEACH, FL 322401246

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D      (X) Change ( ) Addition  
Name: GOSSETT, KIMBERLY A  
Address: P.O. BOX 51246  
City-St-Zip: JACKSONVILLE BEACH, FL 322401246

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

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: CHARLENE FRANCIS

D

04/23/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date