

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003722

FILED
Jun 17, 2008
Secretary of State

Entity Name: ANGELS WOMEN TO THE RESCUE, FOUNDATION,INC

Current Principal Place of Business:

1050 US HWY 27 SOUTH
AVON PARK, FL 33825 US

New Principal Place of Business:

Current Mailing Address:

1050 US HWY 27 SOUTH
AVON PARK, FL 33825 US

New Mailing Address:

FEI Number: 51-0632465 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOPEZ, ALEJANDRA M
1050 US HWY 27 SOUTH
AVON PARK, FL 33825 US

Name and Address of New Registered Agent:

LOPEZ & ASSOCIATES BUSINESS CONSULTANTS PA
1050 US HWY 27 SOUTH
AVON PARK, FL 33825 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: ALEJANDRA LOPEZ

06/17/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOPEZ, ALEJANDRA M
Address: 1050 US HWY 27 SOUTH
City-St-Zip: AVON PARK, FL 33825 US

Title: VP () Delete
Name: PORTOBANCO, XOCHILT
Address: 1050 US HWY 27 SOUTH
City-St-Zip: AVON PARK, FL 33825 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOPEZ, ALEJANDRA
Address: 1050 US HWY 27 SOUTH
City-St-Zip: AVON PARK, FL 33825 US

Title: VP (X) Change () Addition
Name: LOPEZ, ALEJANDRA
Address: 1050 US HWY 27 SOUTH
City-St-Zip: AVON PARK, FL 33825

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: ALEJANDRA LOPEZ

PS

06/17/2008

Electronic Signature of Signing Officer or Director

Date