2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N08000007731

Entity Name: HOUSE OF ANGELS TRANSFORMING LIVES TO MAKE A DIFFERENCE INC.

Current Principal Place of Business:

3940 GUMWOOD DR
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

3940 GUMWOOD DR
JACKSONVILLE, FL 32277

New Mailing Address:

P.O. BOX 15191
JACKSONVILLE, FL 32239

FEI Number: 26-3205781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WHITFIELD, CAROLYN
3940 GUMWOOD DR
JACKSONVILLE, FL 32277 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: WHITFIELD, CAROLYN
Address: 3940 GUMWOOD DR
City-St-Zip: JACKSONVILLE, FL 32277

Title: D ( ) Delete
Name: BROWN, DONNA
Address: 34 BEVERLY ROAD
City-St-Zip: BUFFALO, NY 14208

Title: D ( ) Delete
Name: DIFLOE, SHERI
Address: 2834 CHILTON RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete
Name: WIGGINS, L'TANYA R
Address: 900 LAUREN KEY CT
City-St-Zip: KAWRENCEVILLE, GA 30045

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CAROLYN WHITFIELD RA 04/27/2009

Electronic Signature of Signing Officer or Director — Date