

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011285

FILED  
Mar 20, 2012  
Secretary of State

**Entity Name:** ANGELS FOR THE HOLIDAYS, INC.

**Current Principal Place of Business:**

9340 NW 16TH ST  
PLANTATION, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

9340 NW 16TH ST  
PLANTATION, FL 33322

**New Mailing Address:**

FEI Number: 45-3987190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMS, FOREST  
9340 NW 16TH ST  
PLANTATION, FL 33322 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: P  
Name: WILLIAMS, FOREST  
Address: 9340 NW 16TH ST  
City-St-Zip: PLANTATION, FL 33322

Title: VP  
Name: KITER, AILEEN  
Address: 350 RAMPO VALLEY ROAD, APT. 205  
City-St-Zip: OAKLAND, NJ 07436

Title: VP  
Name: WILLIAMS, ESTELLE  
Address: 300 LIVINGSTON ST., APT. 2J  
City-St-Zip: MAMARONECK, NY 10543

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: FOREST WILLIAMS

P

03/20/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date