

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90086 027 ****61.25

DOCUMENT # N93000005259



1. Entity Name
ANGELWOOD, INC.

Principal Place of Business
**10837 CHEATHAM TRAIL
JACKSONVILLE FL 32223
US**

Mailing Address
**P.O. BOX 24925
JACKSONVILLE FL 32241-4925
US**

22003774



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
4243 Sunbeam Road

3. Mailing Address
P.O. Box 24925

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #5

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number **59-3212078**

Applied For
Not Applicable

Zip **32257** Country **Duval**

Zip **32241** Country **Duval**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUTTLE, DIANE
10837 CHEATHAM TRAIL
JACKSONVILLE, FL 32223

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Diane B. Tuttle*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/31/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAMLING, NADINE 11801 LA VOICA JACKSONVILLE FL 32251	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, SCOTT P O BOX 41285 JACKSONVILLE FL 32203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAINES, TIMOTHY 1514 NIRA ST JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLY, BRIAN P.O. BOX 10007 JACKSONVILLE FL 32247	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIS, ROBERT S. 503 E. MONROE ST. JACKSONVILLE FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAMLING, NADINE DRAYTON HARRIS, PAULINE HON 330 E BAY ST JACKSONVILLE FL 32202	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Brian Kelly P.O. Box 10007 Jacksonville, FL 32247	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Robin Wahby 4600 Touchton Road East #200 Jacksonville, FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jammie Surratt 7006 Wensley Avenue Jacksonville, FL 32217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Timothy Raines 1514 Nira St. Jacksonville, FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Scott Adams P O. Box 41285 Jacksonville, FL 32203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Willis 503 Monroe St. Jacksonville, FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brian Kelly*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03 904-731-3702

CR2E037 (10/02)