

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003558

1. Entity Name

ANGEL NETWORK FOR DISADVANTAGED TEENS INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90005 031 ****61.25

Principal Place of Business

524 S. BEACH ST., APT. #903
 DAYTONA BEACH FL 32114

Mailing Address

P.O. BOX 1027
 DAYTONA BEACH FL 32115-1027

2. Principal Place of Business

524 S. Beach St.

3. Mailing Address

P.O. BOX 1027 D. BCH, FL.

Suite, Apt. #, etc.

#903

Suite, Apt. #, etc.

City & State

DAYTONA BEACH,

City & State

FLORIDA

Zip

32114

COUNTRY
 VOLUSIA

Zip

32115

COUNTRY
 VOLUSIA

4. FEI Number

31-1591138

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HOGGS, THELMA L
524 S. BEACH ST., APT. #903
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | HOGGS, THELMA L | |
| STREET ADDRESS | P.O. BOX 1027 (NA) | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32115 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | OTTO, ANTHONY C | |
| STREET ADDRESS | 451 3RD STREET | |
| CITY-ST-ZIP | NIAGARA FALLS NY | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HUDSON, MARILYN | |
| STREET ADDRESS | 524 S BEACH ST #704 | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32114 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | BIGELOW, SHERENE R | |
| STREET ADDRESS | 1782 OAKLAND RD., APT. 14 | |
| CITY-ST-ZIP | SAN JOSE CA 95131-3571 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, THOMAS D | |
| STREET ADDRESS | 2800 N ATLANTIC AVE #501 | |
| CITY-ST-ZIP | DAYTONA BEACH FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUDSON, MARILYN | |
| STREET ADDRESS | 1049 BRENTWOOD AVE. | |
| CITY-ST-ZIP | DAYTONA BEACH, FL. 32117 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 changes empowered.

SIGNATURE

Thelma L. Hogg
THELMA L. HOGGS PRES./FOUNDER

FEB. 4, 2000

904-255-7178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)