

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

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90333 012 ****61.25

0000655

DOCUMENT # **N98000003558**

1. Entity Name
ANGEL NETWORK FOR DISADVANTAGED TEENS INC.



Principal Place of Business
**524 S. BEACH ST., APT. #903
DAYTONA BEACH FL 32114**

Mailing Address
~~P.O. BOX 1027~~
DAYTONA BEACH FL 32114

2. Principal Place of Business
524 S. Beach St.
Suite, Apt. #, etc.
#903

3. Mailing Address
524 S. Beach St.
Suite, Apt. #, etc.
#903



CHECK HERE IF MAKING CHANGES

City & State
Daytona Beach FL
Zip
32114
Country
USA

City & State
Daytona Beach FL
Zip
32114
Country
USA

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

7. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW. FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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	DP HOGGS, THELMA L P.O. BOX 1027 (NA) DAYTONA BEACH FL 32115	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OTTO, ANTHONY C 451 - 3RD STREET NIAGARA FALLS-NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, MARILYN 1049 BRENTWOOD AVE DAYTONA BEACH FL 32117	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BIGELOW, SHERENE R 1782 OAKLAND RD., APT. 14 SAN JOSE CA 95131-3571	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, THOMAS D 2800 N ATLANTIC AVE #501 DAYTONA BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Thelma L. Hoggs 524 S. Beach St APT 903 Daytona Beach FL 32114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Otto Anthony C. 716 Buffalo Ave #1 Niagara Falls, N.Y. 14303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Bigelow Sherene R. 1813 Matzeley Dr San Jose CA 95124	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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: *Thelma L. Hoggs* **Pres/Founder** 07-12-03 *None currently*

CPRE037 (4/03)