

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

5/1

FILED
Jun 27, 2006 8:00 am
Secretary of State

05-11-2006 90235 004 ****61.25

DOCUMENT # N05000003494	
1. Entity Name: ANGEL FLIGHT MISSIONS, INC.	

Principal Place of Business 12622 MEMORIAL HWY., #34 TAMPA FL 33635	Mailing Address 12622 MEMORIAL HWY., #34 TAMPA FL 33635
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 2074 Suite, Apt. #, etc.
---	---

City & State Oldsmar Fla.	City & State Oldsmar
Zip 34677	Zip 34677
Country US	Country US

4. FEI Number 42-1659153	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUNT, MARCUS C 12622 MEMORIAL HWY., #34 TAMPA FL 33635	
--	--

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. I am familiar with, and accept the obligations of registered agent. Signature: <u>Rev. Marcus C. Hunt</u> DATE: <u>04-25-06</u> Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)	
--	--

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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	Marcus C Hunt ☐ Delete 12622 memorial Hwy 34 Tampa Fla. 33635	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DeLores Hunt ☐ Delete 12622 memorial Hwy 34 Tampa Fla. 33635	TITLE NAME STREET ADDRESS CITY-ST-ZIP	vice president and secretary ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steven M Hunt ☐ Delete 12622 memorial Hwy 34 Tampa Fla. 33635	TITLE NAME STREET ADDRESS CITY-ST-ZIP	The shiner ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>Marcus C Hunt</u>	DATE: <u>06-22-06</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #