## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000003377

Entity Name: ANGEL FLIGHT FLORIDA, INC.

Jul 13, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8864 AIRPORT BLVD SUITE 200 LEESBURG, FL 34788 **New Mailing Address: Current Mailing Address:** 8864 AIRPORT BLVD SUITE 200 LEESBURG, FL 34788 FEI Number: 20-3033404 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FARAH, TED 8864 AIRPORT BLVD LEESBURG, FL 34788 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete KNIES, DAVID Name: Name: Address: 2406 AUTUMN RIDGE DRIVE Address: City-St-Zip: HUNTSVILLE, AL 35803 City-St-Zip: Title: **PCEO** Title: ( ) Delete () Change () Addition Name: FARAH, TED Name: Address: 8864 AIRPORT BLVD Address: City-St-Zip: LEESBURG, FL 34788 City-St-Zip: Title: DV () Delete Title: () Change () Addition RILEY, SANDY Name: Name: Address: 22036 LAKE SENECA ROAD Address: City-St-Zip: EUSTIS, FL 32736 City-St-Zip: Title: DS ( ) Delete Title: () Change () Addition Name: MATHIS, R. BLAKE Name: 111 NORFOLK CIRCLE Address: Address: City-St-Zip: MADISON, AL 35757 City-St-Zip: Title: Title:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: TED FARAH **PCEO** 07/13/2007

() Delete

20 N. ORANGE AVENUE #1400

BONCK, STEPHEN

ORLANDO, FL 32801

Name:

Address: City-St-Zip: () Change () Addition