

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727481

FILED
Apr 08, 2009
Secretary of State

Entity Name: THE ANGELS UNAWARE, INC.

Current Principal Place of Business:

4918 W. LINEBAUGH AVE.
P. O. BOX 270040
TAMPA, FL 336880040

New Principal Place of Business:

Current Mailing Address:

4918 W. LINEBAUGH AVE.
P. O. BOX 270040
TAMPA, FL 336880040

New Mailing Address:

P. O. BOX 270040
TAMPA, FL 336880040 US

FEI Number: 23-7346870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

O'BANION, ROSS H JR.
4918 W. LINEBAUGH AVENUE
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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:

Title: S () Delete
Name: HATFIELD, JOYCE
Address: 12140 PILOT COUNTRY DRIVE
City-St-Zip: SPRING HILL, FL 34610

Title: V () Delete
Name: ALBANO, ROBERT
Address: 209 S GUNLOCK
City-St-Zip: TAMPA, FL 33609

Title: T () Delete
Name: MONFORT, EDWARD
Address: 115 S LOIS AVENUE - APT 126
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: TODD, ERNIE
Address: 13712 COUNTRY COURT DRIVE
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: BENNINGFIELD, MICHELLE
Address: 913 E HANNA AVENUE
City-St-Zip: TAMPA, FL 33604

Title: P () Delete
Name: PAILTHORP, GARY
Address: 3315 LACEWOOD ROAD
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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.

SIGNATURE: GARY PAILTHORP

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date