

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000005754

**Entity Name:** ANGELIC ADOPTIONS, INC.

**Current Principal Place of Business:**

1122 THIRD STREET  
SUITE 8  
NEPTUNE BEACH, FL 32266

**Current Mailing Address:**

P.O. BOX 51246  
JACKSONVILLE BEACH, FL 32240-1246

**FEI Number:** 20-5875492

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SARDARI, LUDMILA A  
1122 THIRD STREET  
SUITE 8  
NEPTUNE BEACH, FL 32266 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

**Officer/Director Detail :**

Title D  
Name FRANCIS, CHARLENE  
Address P.O. BOX 51246  
City-State-Zip: JACKSONVILLE BEACH FL 32240-1246

Title D  
Name SARDARI, LUDMILA A  
Address P.O. BOX 51246  
City-State-Zip: JACKSONVILLE BEACH FL 32240-1246

Title D  
Name ADKINS, JULIA A  
Address 1122 THIRD STREET  
SUITE 8  
City-State-Zip: NEPTUNE BEACH FL 32266

Title D  
Name SARBER, GRACE M  
Address 1122 THIRD STREET  
SUITE 8  
City-State-Zip: NEPTUNE BEACH FL 32266

Title D  
Name SARBER, L. JOHNSON  
Address 1122 THIRD STREET  
SUITE 8  
City-State-Zip: NEPTUNE BEACH FL 32266

*I hereby 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 all other like empowered.*

**SIGNATURE:** CHARLENE FRANCIS

D

04/29/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date