

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007731

Entity Name: HOUSE OF ANGELS TRANSFORMING LIVES TO MAKE A DIFFERENCE INC.**Current Principal Place of Business:**1950 SILVER ST.
JACKSONVILLE, FL 32206**Current Mailing Address:**P.O. BOX 15191
JACKSONVILLE, FL 32239**FEI Number: 26-3205781****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHITFIELD, CAROLYN R
3940 GUMWOOD DR
JACKSONVILLE, FL 32277 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:** CAROLYN WHITFIELD

02/27/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CEO, PRESIDENT
Name	WHITFIELD, CAROLYN R
Address	3940 GUMWOOD DR
City-State-Zip:	JACKSONVILLE FL 32277

Title	VP
Name	WOLF , PATRICIA
Address	1170 HAMILTON STREET
City-State-Zip:	JACKSONVILLE FL 32205

Title	SECRETARY
Name	DOW, RICHARD
Address	6491 SMOOTH THORN COURT
City-State-Zip:	JACKSONVILLE FL 32258

Title	TREASURER
Name	WILLIAMS, ANTHONY J
Address	11630 TANAGER DR
City-State-Zip:	JACKSONVILLE FL 32277

Title	VC
Name	SINCLAIR, RYAN
Address	364 SMITH ST
City-State-Zip:	JACKSONVILLE FL 32204

Title	CHAIRMAN
Name	VOGEL, JUSTIN
Address	1147 SANTA FE STREET N
City-State-Zip:	JACKSONVILLE FL 32246

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: CAROLYN WHITFIELD

CEO

02/27/2013

Electronic Signature of Signing Officer/Director Detail

Date