

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000005601

Entity Name: ANGELCARE WITH A VISION INC.

Current Principal Place of Business:

3577 FLAT CREEK RD
CHATTAHOOCHEE, FL 32324

Current Mailing Address:

3577A FLAT CREEK RD
CHATTAHOOCHEE, FL 32324

FEI Number: 81-2563556

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CEASOR, TAMMY L
3577A FLAT CREEK RD
CHATTAHOOCHEE, FL 32324 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 PD
Name CEASOR, TAMMY
Address 3577 FLAT CREEK RD
City-State-Zip: CHATTAHOOCHEE FL 32324

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: TAMMY CEASOR

OWNER

01/03/2019

Electronic Signature of Signing Officer/Director Detail

Date