

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003501

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: UNIVERSAL ANGEL FOUNDATION, INC.

## Current Principal Place of Business:

686 17TH STREET, #6  
VERO BEACH, FL 32960

## New Principal Place of Business:

686 17TH STREET, #11  
VERO BEACH, FL 32960

## Current Mailing Address:

686 17TH STREET, #6  
VERO BEACH, FL 32960

## New Mailing Address:

FEI Number: 59-3659821

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WELLS, VIKKI L  
686 17TH STREET, #6  
VERO BEACH, FL 32960 US

## Name and Address of New Registered Agent:

WELLS, VIKKI L  
686 17TH STREET, #11  
VERO BEACH, FL 32960 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:

03/24/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WELLS, VIKKI L  
Address: 686 17TH STREET, #6  
City-St-Zip: VERO BEACH, FL 32960

Title: ST ( ) Delete  
Name: RICHARDSON, TAMMY  
Address: 1920 32ND AVENUE  
City-St-Zip: VERO BEACH, FL 32960

Title: B ( ) Delete  
Name: CACIOPPO, DIANE  
Address: 338 13TH PLACE SW  
City-St-Zip: VERO BEACH, FL 32960

Title: B ( ) Delete  
Name: BLANCHARD, L. CHERIE  
Address: 756 WEST AVENUE  
City-St-Zip: CLERMONT, FL 32711

Title: B ( ) Delete  
Name: FOTHERGILL, CINDY  
Address: P.O. BOX 1567  
City-St-Zip: VERO BEACH, FL 32961

Title: B ( ) Delete  
Name: RAUSCH, PATRICIA L  
Address: 1185 38TH AVENUE  
City-St-Zip: VERO BEACH, FL 32960

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WELLS, VIKKI L  
Address: 686 17TH STREET, #11  
City-St-Zip: VERO BEACH, FL 32960

Title: ST (X) Change ( ) Addition  
Name: RICHARDSON, TAMMY  
Address: 1937 GREY FALCON CIR. S.W.  
City-St-Zip: VERO BEACH, FL 32962

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  
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: TAMMY RICHARDSON

ST

03/24/2009

Electronic Signature of Signing Officer or Director

Date