

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000809

FILED
Jun 01, 2005
Secretary of State

Entity Name: ANGEL OF LOVE MINISTRIES, INC.

Current Principal Place of Business:

7636 GRANDVIEW BLVD.
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

7636 GRANDVIEW BLVD.
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 65-1076547 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILSON, IVORY
109 NW 25TH TERR.
FT. LAUDERDALE, FL 33311 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

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: SOREY, FRANCINA B
Address: 7636 GRANDVIEW BLVD
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: DOBSON, JERRI
Address: 6135 NW 186TH #303
City-St-Zip: HIALEAH, FL 33015

Title: D () Delete
Name: DALVANY, MATHILDE
Address: 1155 NW 51 ST
City-St-Zip: MIAMI, FL 33127

Title: T () Delete
Name: AUSTIN, TANZANIA
Address: 7601 NW 14TH COURT
City-St-Zip: MIAMI, FL 33147

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FRANCINA B. SOREY

E.D.

06/01/2005

Electronic Signature of Signing Officer or Director

Date