

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2004
Secretary of State**

DOCUMENT# N01000002827

Entity Name: MARGARETS ANGELS HOME AWAY FROM HOME, INC.

Current Principal Place of Business:

349 TANGLEWOOD BLVD.
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

349 TANGLEWOOD BLVD.
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 59-3712071 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAY, MARGARET
349 TANGLEWOOD BLVD.
ORANGE PARK, FL 32065

Name and Address of New Registered Agent:

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: PD () Delete
Name: WAY, MARGARET
Address: 349 TANGLEWOOD BLVD.
City-St-Zip: ORANGE PARK, FL 32065

Title: SD () Delete
Name: MARELL, SHARON
Address: 349 TANGLEWOOD BLVD.
City-St-Zip: ORANGE PARK, FL 32065

Title: TD () Delete
Name: HORNE, MURLENE
Address: 7426 ELLIS TRACE DR. N.
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP () Delete
Name: BAILEY, JACQUELINE
Address: 4024 ERNEST ST
City-St-Zip: JACKSONVILLE, FL 32205

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: MARGARET WAY

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date