

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90270 017 \*\*\*\*70.00

**DOCUMENT # N01000007197**

1. Entity Name

**ANGEL ACRES FOUNDATION INC.**

Principal Place of Business

Mailing Address

C/O MICHELLE TOMLINSON  
 342 OSPREY'S LANDING CIR #2102  
 NAPLES FL 34104

C/O MICHELLE TOMLINSON  
 342 OSPREY'S LANDING CIR #2102  
 NAPLES FL 34104

2. Principal Place of Business

3. Mailing Address

~~74 Ridge Dr.~~ % Michelle Tomlinson

% Michelle Tomlinson

Suite, Apt. #, etc.

Suite, Apt. #, etc.

74 Ridge Dr.

P.O. Box 9077

City & State  
 Naples, FL

City & State  
 Naples, FL

Zip  
 34108

Country  
 Collier

Zip  
 34101

Country  
 Collier



DO NOT WRITE IN THIS SPACE

4. FEI Number

01-058-9729

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOMLINSON, MICHELLE BSW  
 342 OSPREY'S LANDING CIR #2102  
 NAPLES FL 34104

Name ~~Tomlinson, Michelle BSW~~

Street Address (P.O. Box Number is Not Acceptable)

74 Ridge Dr.

City Naples,

FL

Zip Code 34108

8. 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

*Michelle M.G. Tomlinson BSW sect./treas. 2-24-02*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	TOMLINSON, MICHELLE M.G. BSW	
STREET ADDRESS	342 OSPREYS LANDING CIR #2102	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUAY, H. WALLACE MSW	
STREET ADDRESS	305 PIER E	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANCIS, SHERRY L	
STREET ADDRESS	723 COLDSTREAM CT	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	O/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tomlinson, Michelle M.G. BSW	
STREET ADDRESS	74 Ridge Dr.	
CITY-ST-ZIP	Naples, FL. 34108	
TITLE	O/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guay, H. Wallace MSW	
STREET ADDRESS	305 Pier E	
CITY-ST-ZIP	Naples, FL 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marcia Grant	
STREET ADDRESS	5451 NW 50 ct.	
CITY-ST-ZIP	Coconut Creek, FL. 33073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michelle M.G. Tomlinson BSW sect./treas. 2-24-02* 941-592-0125 / 0132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)