

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000080

FILED
Feb 09, 2005
Secretary of State

Entity Name: ANGEL SUPPORT FOUNDATION CORP

Current Principal Place of Business:

288 E. OLIVE RD.
PENSACOLA, FL 32514

New Principal Place of Business:

288 E. OLIVE RD.
SUITE 16A
PENSACOLA, FL 32514

Current Mailing Address:

103 AVENIDA 23
PENSACOLA, FL 32561

New Mailing Address:

103 AVENIDA 23
PENSACOLA BEACH, FL 32561

FEI Number: 26-0002851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABDULSAMAD, MURIEL
103 AVENIDA 23
PENSACOLA BEACH, FL 32561 US

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: PTD () Delete
Name: ABDULSAMAD, MURIEL
Address: 103 AVENIDA 23
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: VD () Delete
Name: LENIOR, ALVIN
Address: 526 PRESTON WOODS TRAIL
City-St-Zip: DUNWOODY, GA 30338

Title: SD () Delete
Name: BRUCE, DONNA
Address: 3245 BELFORT ROAD
City-St-Zip: ATLANTA, GA 30354

Title: T () Delete
Name: LOURA, JUDY
Address: 279 OAKRIDGE DRIVE
City-St-Zip: DALY CITY, CA 94014

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: MURIEL ABDULSAMAD

PTD

02/09/2005

Electronic Signature of Signing Officer or Director

Date