

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90992 046 ****70.00

DOCUMENT # N02000004118

1. Entity Name

~~MURRAY GROUP HOME INC.~~
ANGELFORCE, INC

Principal Place of Business

9245 SPOTTSWOOD ROAD EAST
JACKSONVILLE FL 32208

Mailing Address

9245 SPOTTSWOOD ROAD EAST
JACKSONVILLE FL 32208

2. Principal Place of Business

3. Mailing Address

P.O. Box 77377

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Jacksonville, Florida

City & State

City & State

Zip

Country

Zip

Country

32226

USA

4. FEI Number

36-4498070

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MURRAY, LORRAINE M
9245 SPOTTSWOOD ROAD EAST
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

P/T/D ☐ Change ☐ Addition
NAME LORRAINE MURRAY
STREET ADDRESS 9245 SPOTTSWOOD RD
CITY-ST-ZIP JACKSONVILLE, FL 32208

V/T ☐ Change ☐ Addition
NAME CONSTANCE FAULK
STREET ADDRESS 3968 HUNTERS LAKE CIRCLE WEST
CITY-ST-ZIP JACKSONVILLE, FLORIDA 32210

S/D ☐ Change ☐ Addition
NAME VERONICA R. WARD
STREET ADDRESS 8930 SABBALD RD
CITY-ST-ZIP JACKSONVILLE, FLORIDA 32208

C/D/T ☐ Change ☐ Addition
NAME MICHAEL ROBINSON
STREET ADDRESS 1210 ACORN STREET
CITY-ST-ZIP JACKSONVILLE, FLORIDA 32209

D/T ☐ Change ☐ Addition
NAME VERDELL WILLIAMS
STREET ADDRESS 5918 TRIUMPH LANE
CITY-ST-ZIP JACKSONVILLE, FLORIDA 32212

☐ Change ☐ 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: LORRAINE M MURRAY

04-27-03 904-764-1306

CR2E037 (10/02)