

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90059 006 \*\*\*\*70.00

<b>DOCUMENT # N02000004440</b> 1. Entity Name <b>ANGELS TO LOVE ADOPTION &amp; HOME STUDY AGENCY, INC.</b>					
Principal Place of Business <b>1936 HOWELL BRANCH RD. WINTER PARK FL 32792</b>			Mailing Address <b>1001 BUTLER CREEK CT OVIEDO FL 32765</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BUZAN, MARGARET S LCSW 1001 BUTLER CREEK CT OVIEDO FL 32765</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> <b>SIGNATURE</b> <i>Margaret Buzan LCSW President</i>  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> <b>DATE</b> <i>4/6/04</i> </div> </div>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	POT		TITLE	SECRETARY	
NAME	BUZAN, M S LCSW <input type="checkbox"/> Delete		NAME	Juana B. LLAMIDO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	1001 BUTLER CREEK CT		STREET ADDRESS	1936 HOWELL BRANCH RD	
CITY-ST-ZIP	OVIEDO FL 32765		CITY-ST-ZIP	WINTER PARK, FL - 32792	
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HANKS, D GLEN		NAME	BUZAN, MARGARET S. LCSW	
STREET ADDRESS	1936 HOWELL BRANCH RD.		STREET ADDRESS	1936 HOWELL BRANCH RD.	
CITY-ST-ZIP	WINTER PARK FL 32792		CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	DCS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAWRENCE, MARIA T		NAME		
STREET ADDRESS	1936 HOWELL BRANCH RD.		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		CITY-ST-ZIP		
TITLE	SECRETARY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Juana B. LLAMIDO		NAME		
STREET ADDRESS	1936 HOWELL BRANCH RD		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <i>Margaret Buzan LCSW</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>DATE:</b> <i>4/6/04</i> <small>Date</small>		
			<b>DAYTIME PHONE #:</b> <i>407-702-4718</i> <small>Daytime Phone #</small>		

34020400



MOORE CR2E037 (11/03)

4. FEI Number **04-3681631** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**FL** Zip Code