

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000004960

1. Entity Name
ANGEL'S FOUNDATION OF CHARLOTTE COUNTY, INC.



Principal Place of Business
PO BOX 511278
PUNTA GORDA, FL 33951

Mailing Address
PO BOX 511278
PUNTA GORDA, FL 33950

FILED

04 FEB 20 PM 5:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02082004 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
20-0000790

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRESLEY, BRIAN
35600 BERMONT RD.
PUNTA GORDA, FL 33982

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PRESLEY, BRIAN 35600 BERMONT RD. PUNTA GORDA, FL 33982 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD STAMPER, MICHAEL 4490 GRASSY POINT BLVD. PORT CHARLOTTE, FL 33952 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD STAMPER, MICHAEL 4490 GRASSY POINT BLVD. PUNTA GORDA, FL 33952 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SDT THOMAS, RON 3670 BAL HARBOR, UNIT 2F PUNTA GORDA, FL 33950 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARRIS, ROBERT S 1401 SEA GULL CT. PUNTA GORDA, FL 33950 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUNN, RANDY 2211 BERMUDA ST. PORT CHARLOTTE, FL 33980 |

300029296823
02/24/04--01025--005 **70.00

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IN THIS SPACE**

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 of 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:

Javice Shumaker JAVICE Shumaker

2-14-04

941-743-9348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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