

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

DOCUMENT # N02000004960

1. Entity Name

ANGEL'S FOUNDATION OF CHARLOTTE COUNTY, INC.



02-17-2003 90375 001 *****8.75

02-17-2003 90375 002 *****61.25

Principal Place of Business

35600 BERMONT RD.
PUNTA GORDA FL 33982

Mailing Address

35600 BERMONT RD.
PUNTA GORDA FL 33982

2. Principal Place of Business

3. Mailing Address

P.O. Box 511278

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Punta Gorda, FL

Zip

Country

33950

Country

USA

4. FEI Number

20-0000 190

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

PRESLEY, BRIAN
35600 BERMONT RD.
PUNTA GORDA FL 33982

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

Brian Presley

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

(NOTE: Registered Agent signature required when reinstating)

2-6-03

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	PD	<input type="checkbox"/> Delete
NAME	PRESLEY, BRIAN	
STREET ADDRESS	35600 BERMONT RD.	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAMILTON, TOM	
STREET ADDRESS	499 SORENTA CT.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STAMPER, MICHAEL	
STREET ADDRESS	4490 GRASSY POINT BLVD.	
CITY-ST-ZIP	PUNTA GORDA FL 33952	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	THOMAS, RON	
STREET ADDRESS	3670 BAL HARBOR, UNIT 2F	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, ROBERT S	
STREET ADDRESS	1401 SEA GULL CT.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNN, RANDY	
STREET ADDRESS	2211 BERMUDA ST.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SEC/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHUMAKER, JANICE	
STREET ADDRESS	180 COUSLEY DR	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAMPER, MICHAEL	
STREET ADDRESS	4490 GRASSY POINT BLVD	
CITY-ST-ZIP	PORT CHARLOTTE, FL, 33952	
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		
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: *Janice Shumaker* - Sec/TREASURER 2-6-03 941-7439348

CR2E037 (10/02)