

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

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

02-17-2003 90375 001 *****8.75
02-17-2003 90375 002 *****61.25

DOCUMENT # N02000004960

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



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
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 511878
Suite, Apt. #, etc.

City & State
Punta Gorda, FL

Zip
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* **2-6-03**
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 NAME STREET ADDRESS CITY-ST-ZIP	PD PRESLEY, BRIAN 35600 BERMONT RD. PUNTA GORDA FL 33982	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAMILTON, TOM 499 SORENTO CT. PUNTA GORDA FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STAMPER, MICHAEL 4490 GRASSY POINT BLVD. PUNTA GORDA FL 33952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT THOMAS, RON 3670 BAL HARBOR, UNIT 2F PUNTA GORDA FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, ROBERT S 1401 SEA GULL CT. PUNTA GORDA FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, RANDY 2211 BERMUDA ST. PORT CHARLOTTE FL 33980	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/TREASURER SHUMAKER, JANICE 180 COUSLEY DR PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STAMPER MICHAEL 4490 GRASSY POINT BLVD PORT CHARLOTTE, FL, 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 - Janice Shumaker* Sec/TREASURER **2-6-03 941-7439348**

CR2E037 (10/02)