

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90048 031 ****70.00

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1. Entity Name
THE COMMUNITY OF ALL ANGELS, INC.



Principal Place of Business
**27 CANTERBURY LN.
TAMARAC, FL 33319**

Mailing Address
**27 CANTERBURY LN.
TAMARAC, FL 33319**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004 Chg-NP CR2E037 (10/03)

4. FEI Number
55-0787232

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILKE, STEPHEN B
27 CANTERBURY LN.
FORT LAUDERDALE, FL 33319**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME **WILKE, STEPHEN B REV.**
STREET ADDRESS **27 CANTERBURY LN.**
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME **BORKA, ANTHONY J REV.**
STREET ADDRESS **4191 NW 41 ST., APT. 118**
CITY-ST-ZIP **LAUDERDALE LAKES, FL 33319**

TITLE **SO** ☒ Change ☐ Addition
NAME **Marc A Beard**
STREET ADDRESS **200 NE 19th Ct., M206**
CITY-ST-ZIP **Wilton Manors, FL 33305**

TITLE TD ☒ Delete
NAME **SPINA, JOSEPH REV.**
STREET ADDRESS **1785 NW 39 PLACE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 333094452**

TITLE **VD** ☐ Change ☒ Addition
NAME **Angeline Benz**
STREET ADDRESS **2007 Berwyn Avenue**
CITY-ST-ZIP **Michigan City, IN 46360**

TITLE VD ☐ Delete
NAME **CIZEWSKI, DARLENE K**
STREET ADDRESS **1810 SW 81 AVE #2110**
CITY-ST-ZIP **N LAUDERDALE, FL 33068**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MILANESE, SUSAN J**
STREET ADDRESS **7840 GREAT OAK DR.**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **TD** ☒ Change ☐ Addition
NAME **Susan J. Milanese**
STREET ADDRESS **7840 Great Oak Drive**
CITY-ST-ZIP **Lakewood, FL 33467**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
NAME **Terese Faldri**
STREET ADDRESS **2007 Berwyn Ave**
CITY-ST-ZIP **Michigan City, IN 46360**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Rev. Stephen B. Wilke, PD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. Stephen B. Wilke, PD

1/6/04 (561) 912-8081

Date

Daytime Phone #