

# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2004 APR 23 AM 11:39

<b>DOCUMENT # N02000005050</b> 1. Entity Name <b>THE COMMUNITY OF ALL ANGELS, INC.</b>					
Principal Place of Business 200 NE 19TH COURT, M206 WILTON MANORS, FL 33305				Mailing Address 200 NE 19TH COURT, M206 WILTON MANORS, FL 33305	
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	
WILKE, STEPHEN B 200 NE 19TH COURT, M206 WILTON MANORS, FL 33305				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.					
SIGNATURE _____ DATE <b>DC 4/23/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</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 NAME STREET ADDRESS CITY-ST-ZIP	PD WILKE, STEPHEN B REV. <del>27 CANTERBURY LN.</del> <del>TAMARAC, FL 33340</del> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 NE 19th Ct, M206 Wilton Manors, FL 33305-2017	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEARD, MARK A 200 NE 19TH CT M206 FORT LAUDERDALE, FL 33305 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENZ, ANGELINE 2007 BERWYN AVE MICHIGAN CITY, IN 46360 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700033754107</b> <b>04/23/04--01026--018 **75.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CIZEWSKI, DARLENE K 1810 SW 81 AVE #2110 N LAUDERDALE, FL 33068 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILANESE, SUSAN J 7840 GREAT OAK DR. LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD Rebecca Wulf 110-11 48th Ave, Apt. 1 Long Island City, NY 11101	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Fabbri FALBOR, TERESE 2007 BERWYN AVE MICHIGAN CITY, IN 46360 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Terese Fabbri	
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: <u>Rev. Stephen B. Wilke President</u> <b>4/10/04</b> <b>(561) 912-8081</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					